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Audra T. Winn
Relating Linguistic Competence to
Culture: How Bilingual Spanish-
English Social Workers who Speak
English as a First Language
Experience and Conceptualize
Culture in their Practice with
Spanish Speaking Clients

ABSTRACT

Cultural experiences and conceptualizations of native English bilingual social workers have not been dominant in the ongoing discussion of bilingualism and cultural competence in social work practice, education, and literature. This exploratory study examined practice based cultural experiences of bilingual Spanish-English social workers native to English who work with Spanish speaking clients. Specifically, the focus of the study was centered on how these social workers conceptualize their experiences through a cultural lens in their Spanish language work. Through eleven qualitative interviews with Master's level social workers who use their non-native Spanish in social work practice, this study looked at how conceptualizations of culture relate to social work practice, how linguistic competence and the role of cultural competence are made meaning of in practicing social work in Spanish when it is not the social worker's first language, the ways in which "cultural competence" is an ongoing process for trained social workers, and how bilingual Spanish-English social workers who are native to English can be utilized best with Spanish speaking clients in the field of social work. The presentation of this study aims to guide the social work field, both in educational and practice settings, to support and practically train bilingual social workers who are native to English in their work with Spanish speaking clients.

The findings of this study showed that culture is conceptualized on a wide spectrum based on the personal and practice-based experiences of bilingual Spanish-English social

workers who speak English as a first language; the findings show that self-reflection and bias checking are important factors in understanding culture, both one's own culture and that of a client. The results of this study have various implications for social work practice with Spanish speaking clients and for social work education as it relates to bilingual social workers and culturally adept services and care. Areas for future research are presented in the final chapter.

RELATING LINGUISTIC COMPETENCE TO CULTURE: HOW BILINGUAL SPANISH-
ENGLISH SOCIAL WORKERS WHO SPEAK ENGLISH AS A FIRST LANGUAGE
EXPERIENCE AND CONCEPTUALIZE CULTURE IN THEIR PRACTICE WITH SPANISH
SPEAKING CLIENTS

A project based upon an independent investigation, submitted in
partial fulfillment of the requirements for the degree of Master of
Social Work.

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2013

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CHAPTER I

Introduction

The purpose of this study is to uncover and explore the cultural experiences of bilingual Spanish-English social workers native to English who work with Spanish speaking clients through the basis of their social work practice. Specifically, the study centers on how these social workers conceptualize their experiences through a cultural lens in their Spanish language work, and how their own personal experiences of culture and identity relate to their positions as Spanish speaking social workers. A second and equally important purpose to this study is to initiate a line of inquiry, within the field of social work, both in educational and practice settings, in the direction of population-based and culturally focused care, so that Spanish dominant clients living in the United States are met with the same competence in their social work interventions as their native English counterparts. It is of significance to the field of social work to look at how bilingual Spanish-English social workers native to English view their own practice abilities. It is of specific importance to look at this through the lens of culture and to understand through what perspectives this is conceptualized while working co- and cross-culturally with Spanish speaking clients. With these ideas at hand, the overarching questions for this qualitative research are: How does bilingualism relate to biculturalism? Does being bilingual ensure sound “cultural competence” in social work practice?

There are now more than 50.5 million Hispanic identified people in the United States as of 2010 (U.S. Census Bureau, 2011) making them 16.3 percent of nation’s total population (U.S. Census Bureau, 2011). Hispanics¹ and Latinos² constitute the largest ethnic “minority” group in

¹ The term Hispanic is used by the United States government to racially and ethnically group people who are from Spanish speaking nations and territories in the Western hemisphere and from either nation on the Iberian peninsula.

the United States. As this population continues to grow in the United States, the demand for Spanish speaking services in social work will continue to rise, and the need for these linguistically and culturally competent social workers will increase. The researcher considers that bilingual Spanish-English social workers native to English do have skills to offer agencies and clients in the Spanish language, however, engaging in the work itself requires more than just linguistic competence. The concrete skill of being able to communicate in Spanish as a bilingual is not the same as the idealized notion of cultural competence in practice; the way that culture is understood and valued can and does change over time, and is subject to the individual experience. Language skills in Spanish are tied into Hispanic or Latino culture, however the ways in which language is learned and first exposed to a non-native speaker may or may not have ties to culture or its values.

Current social work practice is greatly challenged by understanding how to ethically apply theory informed practice and clinical knowledge to racial and ethnic groups who have “diverse cultural values” (Lee, 2003). Understanding how native English speaking social workers connect with native Spanish speaking clients is not just about language; it is about the necessity of cultural considerations and empathy, especially in settings where clients receive mental health treatment or systemic social services. The current study provides a perspective as to how and why cultural competence shapes and informs practice for native English bilingual Spanish-English social workers, helping students and educators to understand the greater process.

² Latino will be used in this paper as an umbrella term for people who identify with ethnic origins or heritage from Mexico, the Spanish speaking Caribbean (including Puerto Rico), and all nations of Central and South America regardless of national language.

By moving away from the dominance of English in social work practice, the social worker is not just providing a service in the primary language of the client to ensure accurate communication happens, but also making sure that the service, care, or management of the client's needs is being provided in a culturally affective way. This is ideal, however the reality of what happens in situations of cultural, linguistic, and racial difference is being explored in the current study. An anti-racist perspective in social work practice calls for the elimination of paternalistic views by the dominant group in "helping" oppressed groups or clients (Goodman, 2011). The current study explores how this is relevant to the participants in their linguistically competent social work practice that focuses around diverse cultural identity and cultural understanding.

The anti-racism mission of Smith College School for Social Work (2011) maintains that students will practice social work intervening "against the injurious effects of racism" (Smith College School for Social Work, 2011) and that the School upholds respect for "diverse worldviews" (2011). This study explores the general understanding of native English speakers working with Spanish speaking clients. Regardless of varying intersecting social identities of the participants themselves, as well as between them and their clients, there is an advantage that the social worker has as a native English speaker in the United States which places them in a position of relative power in their social worker-client relationship; in addition to the already hierarchically structured power dynamic in the social worker-client dyad. The anti-racist environment that the School for Social Work aims to create as an institution is one of inclusion, awareness, and ownership of power and oppression. In relation to this anti-racist mission, the researcher hopes that the current study sheds light onto one aspect of anti-racist social work practice in that there is a raised consciousness to the relative privilege and power in co- and

cross-cultural relationships with Spanish speaking clients. It is crucial for the social work community to focus on dismantling the fixed idea of what culture and cultural competence are, and how they practically relate to linguistic competence in the field when working in non-English languages in the United States.

The researcher hypothesizes that the understanding of cultural experiences that social workers have with their clients is telling of how they shape practice with Spanish speaking clients in co- and cross-cultural work; that working with Spanish speaking clients over time contributes to subjective understanding of co- and cross-cultural social work, but not an absolute understanding of another's culture, and that empowerment is applied in practice but may not be fundamental in terms of experiencing culture in the role of bilingual social worker. The researcher's goal is for the results of this study to inform all bilingual Spanish-English social workers, their colleagues, and social work educators about how best practices can be examined and understood when conceptualizing work with Spanish speaking clients in the United States.

The current study uses qualitative research methods to recruit and interview participants who are bilingual Master's level social workers native to English. Interviews were structured with questions relating to meanings of culture, cultural competence, and empowerment work; the implications of macro practice and micro/clinical practice in settings where Spanish social work is practiced, biculturalism and Latino culture, linguistic competence, and subjective experiences of culture in social work practice. There were eleven respondents who participated fully in qualitative interviews. The data that was analyzed and presented in the following chapters comes directly from the current study.

CHAPTER II

Literature Review

The review of the literature presented here encompasses fundamental material on theoretical perspectives applied to this research, bilingual social workers, bilingual clinicians outside of social work, bilingual social work students, monolingual Spanish speaking clients³ and cultural work, and bilingual Spanish-English clients and clinical work. Implications for this research are discussed. Spanish-English bilingual mental health providers have been studied and asked about their experiences as bilingual clinicians (Biever, et al., 2002; Biever, et al, 2004; Diaz, Priegerson, Desai, & Rosenheck, 2001; Johnson, Noble, Matthews, & Aguilar, 1999; Lijtmaer, 1999; Marcos, 1976; Marcos & Alpert, 1976; Marcos & Urcuyo, 1979; Santiago-Rivera & Altarriba, 2002; Santiago-Rivera, Altarriba, Poll, Gonzalez-Miller, & Cragun, 2009; Sprowls, 2002), however they have been largely limited to psychologists and medical professionals and did not include clinical social workers or macro social workers engaging in social work practice outside of mental health.

Role of theoretical concepts

This study uses concepts of cultural competence theory and empowerment theory. Each of these theories is a useful framework in this research due to the validity that they have been given in other empirical studies and expository publications on the topics of bilingual social work, biculturalism in social work, working with marginalized populations, and co- and cross-cultural clinical work (Cary, 2011; Cox, Falk, & Colón, 2006; Diaz, Prigerson, Desai, & Rosenheck, 2001; Biever, et al., 2002; Engstrom & Min, 2004; Everett, Homstead & Drisko, 2007; Furman, et al., 2009; Guarnaccia & Rodriguez, 1996; Gutierrez, DeLois, & GlenMaye,

³ The term “client” will be used throughout the literature review, rather than “patient,” to emphasize the social work perspective, rather than medical model, of this research.

1995; Gutierrez, Parsons, & Cox, 1998; Johnson, Noble, Matthews, & Aguilar, 1999; Kline, Acosta, Austin, & Johnson, 1980; Lee, 2003; Rosenblum, 2011). By using a theoretical lens to both inform the qualitative research process as well as the analyses of the data obtained, this study will link the theories with practical social work experiences of culture, cultural competence, and empowerment.

Cultural competence theory comes from the idea that social workers working with clients cross-culturally need to be aware and knowledgeable of the “other” culture in order to properly understand and empathize with clients from diverse backgrounds (Lum, 1999). Both in social work education and in the literature, cultural competence is viewed or referred to as a skill set rather than an ongoing process that social workers take part in throughout their experiential work in the field. The theory also generally pertains to cross-cultural work and has not fully explored the need for competence in co-cultural work. These nuances will be examined in the proposed study. Cultural competence theory has a large stake in social work education and practice, where empirical and theoretical works have discussed the need for the concept to be applied (Cary, 2010; Everett, et al., 2007; Guarnaccia & Rodriguez, 1996; Johnson, Noble, Matthews, & Aguilar, 1999; Kraft, 2011; Lee, 2003; Lum, 1999; Moncayo, 1998; Rosenblum, 2011; Ryan, 1981). Significantly, there is a fine line between cultural “competence” and cultural “awareness,” which may not be clearly defined. Lum (1999) has addressed cultural awareness as a guide to cultural competence, meaning that one comes before the other and that cultural competence is what influences better outcomes with client satisfaction (Kraft, 2011; Lum, 1999). Here cultural competence is referred to as a skill set that is acquired after significant work on and exposure to a culture different from one’s own; it is discussed as an end point, not an ongoing process. Empowerment theory in social work revolves around giving clients authority,

influence, and control of their social identities, their struggles, needs and strengths in order to make clients more confident and sure in their own lives (Gutierrez, DeLois, & GlenMaye, 1995; Gutierrez, Parsons, & Cox, 1998; Lee, 2003). It is a strengths-based approach to working with individuals, families, and populations in both clinical and macro social work practice. Gutiérrez and Lewis (1999) affirmed that empowerment is a model for all social work services. Elements of empowerment theory have been used to address working with clients from marginalized social groups and work with children (Cary, 2010; Cox, Falk, & Colón, 2006; Everett, et al., 2007; Gutierrez, DeLois, & GlenMaye, 1995; Gutierrez, Parsons, & Cox, 1998) to explain how collaborating with clients by seeing them as the expert is most effective in social welfare and mental health services. Exploring how empowerment is used in actual practice with marginalized client populations has shown that there are specific strategies associated with each stage of implementing empowerment with clients (Everett, et al., 2007). These applies to the proposed research in the sense that Spanish-speaking clients who seek or are brought to social work attention are often part of these groups and are often approached through this lens. The proposed research will explore ways that bilingual Spanish-English social workers native to English use sources of empowerment in their work with Spanish speaking clients and how they as Spanish speaking practitioners experience the effects of this theory in practice.

Recent studies that use empowerment and cultural competence frameworks have had samples from twelve to twenty-eight participants (Cary, 2010; Everett, et al., 2007; Johnson, et al., 1999; Rosenblum, 2011) involving diverse sample demographics that had varying education levels (high level Master's degree social workers, licensed social workers, psychologists, nurses, and some higher education in medical and allied health staff). Participants worked in the fields of mental health, healthcare, or social services (Cary, 2010; Everett, et al., 2007; Johnson, et al.,

1999; Rosenblum, 2011). Studies were conducted in English dominant nations (the United States and Australia) with both native English speakers and those who learned English as a second language (Cary, 2010; Engstrom & Min, 2004; Engstrom, Min, & Gamble, 2009; Engstrom, Piedra, & Min, 2009; Everett, et al, 2007; Johnson, et al., 1999; Rosenblum, 2011). Sampling methods were snowball sampling and convenience sampling (Cary, 2010; Engstrom & Min, 2004; Engstrom, Min & Gamble, 2009; Engstrom, Piedra, & Min, 2009; Everett, et al., 2007; Rosenblum, 2011) and data collection methods were primarily mixed methods and qualitative face-to-face narrative interviews and focus groups (Cary, 2010; Engstrom, Min, & Gamble; Everett, et al., 2007; Johnson, et al., 1999; Rosenblum, 2011). Many studies that focused on language, service provisions, and culture, sampled exclusively bilingual social workers (Engstrom & Min, 2004; Engstrom, Min, & Gamble, 2009; Harrison, 2007; Harrison, 2009) and psychologists (Rosenblum, 2011) which helps to inform the literature on this large yet under-recognized group of social work practitioners. One study sampled exclusively student social workers (Engstrom, Min, & Gamble 2009). While many samples are strong by way of including diversity in experience by referencing socioeconomic class of clients, different professional settings for practice, and geographic locations in the United States, as well as by diverse theoretical models, some issues of omission and bias were apparent (Biever et al., 2002; Biever, et al., 2004; Cary, 2010; Engstrom & Min, 2008; Engstrom, Min, & Gamble, 2009; Everett, et al., 2007; Harrison, 2007; Harrison, 2009; Santiago-Rivera, et al., 2009; Santiago-Rivera & Altarriba, 2009; Rosenblum, 2011). There was no mention of any participants' sexual orientation or political orientation regarding gender or identity politics, which directly relates to how a social worker forms their practice perspectives when working co- and cross-culturally. In examining the limitations of these studies, there was an invisibility of sexual identity as a factor

in the intersectionalities of social worker and clinician identities. When discussing cultural competence and use of empowerment theory, the studies defined “culture” as something only referring to race, ethnicity, religion, or nationality, ignoring the idea that sexual orientation and gender role identity can also form cultural experiences and communities for social workers and clients alike. In order to explore how culture, specifically the broad spectrum of Latino cultures, is experienced, gender must be a factor. In terms of ethnicity as part of culture, there is a lack of current literature that addresses gender differences in Latino ethnic development (Rivera-Santiago, 2012). As defined in the introduction, the proposed study will utilize a broader definition of culture. The researcher will also integrate all participants’ salient social identities as part of a cultural experience through the focus of cultural competence and empowerment in this study.

Macro Social Work Practice

There is little in the literature on bilingual individuals in social work (both clients and social workers themselves) that directly explores the experiences of culture in macro or systemic social work practice. The majority of the research revolves around clinical social work and psychotherapy practice, as well as the more medical models of clinical psychology and psychiatry. Although bilingual clinical social workers may perform similar tasks as bilingual psychologists and psychiatrists with bilingual clients, the theoretical perspectives, and most importantly the ethical commitments, of the social work profession differ greatly from the other disciplines. Bilingual macro practice social workers make various social systems function by organizing and lobbying to keep funding in governmental and educational agencies in Latino communities where clinical social workers provide services to clients in Spanish and English.

The idea of collectivist cultures in Latin America, from where the cultural roots of many Latino clients are coming, have highlighted studies finding the need for more holistic, community-based planning for client services in macro practice and programming for clinical and community services (Cary, 2010; Mitchell, Malak, & Small, 1998; Uttal, 2006). Boyle et al. (1999) found that Latin American social work has established ways of practicing “generalist social work with strong emphasis on community development” (p. 204). Given that the United States operates on a rather individualistic cultural norm and most Latin American cultures are collectivist, meaning that family and community take precedent over individual needs, there is a cultural relevance in the generalist social work approach that then is not found in the United States by Latino clients who migrate or immigrate to the United States. Uttal (2006) goes so far as to say that using individual change approaches with Latinos, when working on social matters, is a “colorblind approach” (p.259) that negates community-based needs. Yet, this is a polarized way of looking at community-based and client-centered approaches; empowerment and change can be focused on either an individual or a group or community. Organizations seeking to develop more culturally competent programs and services must first look within their organization for existence of this competency in terms of general diversity of staff and the mission of the particular agency (Uttal, 2006). With this recommendation, though, it is unclear why the literature continues to speak to the dominant culture only; who is designing programming to *not be* culturally competent, or culturally inclusive?

Consideration has been given to language adjustments in service provisions and agency advertising, but not as much emphasis has been put on cultural adaptations outside of linguistics (Uttal, 2006). This reaffirms that language abilities and provisions are only helping to fight half of the cultural competency battle. Mitchell, Malak, and Small (1998) found that bilingual

mental health providers have crucial roles in providing direct services to clients who do not speak English, being cultural consultants, and promoting mental health services and community development (1998). As bilingual workers take on these roles, or even extra burdens (Engstrom & Min, 2004; Musser-Granski & Carrillo, 1997), they must be aware of how their own social and cultural identities are woven into their social work experiences in Spanish. Whether working in Spanish or English, it is far from sufficient to address Latino ethnic identity from a psychological perspective alone in mental health practice (Rivera-Santiago, 2012) as the micro lens ignores what has shaped identity from sociological and historical approaches. For clinical social workers this indication is crucial to incorporate into mental health work with Latino clients, especially since social work training focuses on the systemic basis of social and ethnic groups at its very base. Rivera-Santiago (2012) highlights that public policy needs to respond to ethnic identity development and examination from this macro lens.

Bilingual Workers

In this research, the term “bilingual” will function as a label for a person who is fluent in their own language [English] through speech, writing, and reading and who has mastery in the Spanish language through spoken fluency as well as written and/or read proficiency. It seems there is a general misunderstanding of what it means to be bilingual, that it is a “form of ‘double monolingualism’” that “assumes equal competence in [both] languages” (Harrison, 2009, p. 1085; Harrison, 2006). Bilingualism is an ever-changing condition, one that has “different dimensions that need to be understood by clinicians who evaluate and treat bilingual[s]” (Marcos, 1988, p. 36).

Language switching (Pitta, Marcos, & Alpert, 1978), a term commonly used by bilinguals in and out of social work or treatment, plays a role in the work that bilingual clients and practitioners do together in English and Spanish. Lijtmaer (1999) supports Marcos (1976; Marcos & Alpert, 1976) and Pérez Foster (1996) that bilinguals represent their “dual selves” in separate languages and actually have this experience in all of the senses, not just in use of language. Javier (1996) asserts that while this duality occurs in two languages, memories can be repressed and restored by utilization of the mother tongue or the avoidance of it. As these theories and findings have been mostly applied to bilingual client native to Spanish in the research, it is also likely that this dual self is relevant to some extent in bilingual social workers native to any language. When native English-speaking Spanish-English bilingual social workers engage in services with Spanish speaking clients, listening to and speaking Spanish likely evokes a different self state than does their native English. The possibility of repressed memories and affect expression would follow suit with this population of social workers, too, while moving in and out of their dominant language.

Within the bounds of the professional settings that bilingual social workers, healthcare workers, and other staff are employed, many experience coercion from monolingual co-workers to interpret or translate for clients that are not their own (Johnson, Noble, Matthews, & Aguilar, 1999) which adds to the idea that bilingual workers carry an extra burden in the workplace that monolingual workers do not experience (Engstrom & Min, 2004; Engstrom, Min, & Gamble, 2009; Lecca, Gutierrez, & Tijerina, 1996; Musser-Granski & Carrillo, 1997). Findings have shown that working with limited English proficiency (LEP) clients is more demanding and time consuming for social workers of all levels and that bilingual social workers require further resources on linguistic competency in practice— findings concur that education and job training

for bilingual workers are not sufficient regarding information on linguistic competency in the field (Biever, et al., 2002; Biever, et al., 2004; Cary, 2010; Engstrom & Min, 2004; Engstrom, Min, & Gamble, 2009, Engstrom, Piedra, & Min, 2009; Rosenblum, 2011). Due to social pressures on the job that these high demand bilingual workers face, it is a greater challenge to turn down working with non-English speaking communities (Musser-Granski & Carrillo, 1997) thus the burden is difficult to release.

There has been great variation in the specific purposes of empirical studies on bilingual social work, the use of cultural competence in social work practice, and the application of empowerment theory in practice. Studies have sought to understand the views of bilingual social workers who work bilingually on how language is used in practice and in the dominant English speaking culture, as well as how there are cultural values embedded in different types of linguistic competency (Biever, et al., 2002; Engstrom & Min, 2004; Engstrom, Piedra, & Min, 2009; Guarnaccia & Rodriguez, 1996; Harrison, 2006; Harrison, 2007; Harrison, 2009; Johnson, Noble, Matthews, & Aguilar, 1999). They have also examined the cultural considerations given to cross-cultural work in the United States and abroad (Biever et al., 2002; Cary, 2010; Engstrom & Min, 2004; Engstrom, Min & Gamble, 2009; Engstrom, Piedra, & Min, 2009; Guarnaccia & Rodriguez, 1996; Harrison, 2007; Harrison, 2009). Others have been carried out in order to better understand how bilingual social workers work with LEP clients as there has previously been a gap in the research on bilingual social workers working with LEP clients and to examine how these social workers identify problems associated with linguistic differences with their LEP clients (Engstrom & Min, 2004; Engstrom, Piedra, & Min, 2009; Rosenblum, 2011), as well as to examine more specifically the unique experiences of bilingual master's level student social workers in their field placements (Engstrom, Min, & Gamble, 2009).

Culturally, findings show that half of social workers in the United States are not prepared to work with clients who come from collectivist cultures or assess the needs of these clients (Cary, 2010) and that the privilege of being a native English speaker interferes with bilingual social workers' ability to assess clients in a language other than English (Harrison, 2006; Harrison, 2007; Harrison, 2009). This is also related to the fact that social work and psychology education in the United States and other English-dominant countries is taught in English only. This not only hinders the native English bilingual worker, but those who have learned English as a second language and are expected to practice in their native languages with English only training (Biever, et al., 2002; Biever et al., 2004; Santiago-Rivera, Altarriba, Poll, Gonzalez-Miller, & Cragun, 2009).

In clinical work, practitioners' comfort and confidence in their non-native linguistic competency has been found to improve over time (Sella, 2006). Through the self-consciousness of working professionally in a second language, self-awareness is key to bilingual social work practice in a second language. Sprowls (2002) discusses the need for acute self-awareness amongst therapists in terms of their own cultural backgrounds and all social identities; it is imperative that all social workers, regardless of micro or macros orientation, participate in this ongoing process throughout their educational training and careers. Further, there is a need for the experiences of bicultural and bilingual clinicians to examine how their bicultural/bilingual practice has been with clients (Sprowls, 2002). Bilingual psychotherapists who lived in or visited places where Spanish is the dominant language reported their cultural sensitivity and awareness was highly influenced by the environment (Melchor, 2008).

Santiago-Rivera (1995) and others (Biever, et al., 2002; Engstrom & Min, 2004; Engstrom, Piedra, & Min, 2009; Guarnaccia & Rodriguez, 1996; Harrison, 2006; Harrison, 2007;

Harrison, 2009; Johnson, Noble, Matthews, & Aguilar, 1999) support the idea that language and culture are intertwined. It is acknowledged that while bilingual Spanish-English therapists work with bilingual clients, the level of connection between language preference and dominant cultural values must be assessed. For the native English bilingual practitioner working cross-culturally with a Latino or Hispanic client, would this assessment be more difficult than for a native Spanish bilingual worker?

Bilingual MSW Students

For some student social workers being bilingual does not actually enhance the fieldwork experience in a master's program nor provide a culturally diverse practicum experience (Engstrom, Min, & Gamble, 2009; Hunter & Horst, 2012). Spanish-English bilingual students, native to both English and Spanish, as those who are native to Spanish have often been trained exclusively in English (Biever, et al., Harrison, 2006, Harrison, 2009), have reported that articulating themselves accurately in Spanish while working with clients who prefer Spanish has been more of a focal point than engaging in the actual therapeutic material at hand (Biever, et al., 2002). Attention to actually getting the correct words out sensibly in the second language lets bilingual [clients] intellectualize and be distant from emotional content (Marcos & Urcuyo, 1979), so it is again possible for bilingual social workers to experience this *detachment* when they are engaging in second language services. How can one be attuned to personal issues around culture and related experiences if they are paying so much attention to the linguistics alone? Are native English workers tuned out of the emotional transference in clinical work? Some bilingual graduate students are also singled out as the only staff that can provide services in a second language (Biever, et al., 2002; Engstrom & Min, 2004; Hunter & Horst, 2012)

therefore requiring more effort to provide services than monolingual staff require (Engstrom & Min, 2004, Engstrom, Min, & Gamble, 2009). This issue is relevant beyond a student population, and beyond Spanish speakers, yet it has been limited to Spanish-speaking Latino students only (Lecca, Gutierrez, & Tijerina, 1996); it does not cover those who are native to English and using Spanish in the field, too. There is an assumption that bilingual students entering field placements are well developed in their second language or language other than that of their education (Biever, et al., 2002; Engstrom & Min, 2004) and that they can transfer their learned skills from English into the other language without difficulty (Biever, et al., 2002). Bilingual students using their second language skills in field placements are often supervised by monolingual English supervisors (Biever, et al., 2002; Hunter & Horst, 2012). This means students cannot be supported through all aspects of the training process. This influences their practice, as there is a limit to the depth of social work and clinical knowledge that they can provide to their clients in a second language if their supervision does not meet them where they are in their bilingual journey into the field. Furthermore, the coursework and field placement experiences that lead to the Master's in Social Work degree may not be enough in developing bilingual and bicultural workers to provide services to Hispanic clients cross-culturally (Boyle, Nackerud, & Kilpatrick, 1999). Although working bilingually in clinical practice presents issues relating to English only training, there is still significant promise from bilingual practitioners to provide services to Spanish speaking Latino clients (Biever, et al., 2004).

As Boyle, Nackerud, and Kilpatrick (1999) have pointed out, the fields of social work and mental health as its own discipline have come a distance in researching cross-cultural counseling, specifically with minorities (Acosta, et al., 1982; Sue & Zane, 1987 in Boyle, Nackerud, & Kilpatrick, 1999) however there is currently a need to take this curiosity and

attention much further as current literature has limitations. The existence of an “othering” component to current and past literature is evident. Even in simply looking at titles of work that use English and European American backgrounds as the standards that other cultures and languages are measured against, there is an ongoing cultural unawareness that has been prevalent in social work and psychotherapy of different disciplines. In Boyle, et al. (1999) “students” learning to be “sensitive to the experience of being a minority group or of being an immigrant” (p. 203) are clearly assumed to be white citizens of the United States. This is problematic in that the literature continues to speak only to these “majority” student social workers, and alienate those who come from these “other” groups. Here there is also an omission of the full meaning of a “minority group” as identities of gender, sexuality, and religion are not actually stated or implied.

Spanish Speaking Clients and Cultural Work

Monolingual Spanish speakers have been found to qualify and need access to social services more than bilingual Spanish-English Hispanics or monolingual English Hispanics (Diaz, Prigerson, Desai, & Rosenheck, 2001) due to their vulnerability in the English dominant United States health and welfare systems. There is a great need for bilingual and bicultural professionals in healthcare, mental health, and social work at large (Costantino, Malgady, & Rogler, 1986; Diaz, Prigerson, Desai, Rosenheck, 2001; Engstrom & Min, 2004; Engstrom, Min & Gamble, 2009; Engstrom, Piedra, & Min, 2009; Furman, et al., 2009; Guarnaccia & Rodriguez, 1996; Johnson, Noble, Matthews, & Aguilar, 1999; Kline, Acosta, Austin, & Johnson, 1980; Lecca, Gutierrez, & Tijerina, 1996; Min, 2005; Moncayo, 1998; Musser-Granski & Carrillo, 1997)

where monolingual Spanish speaking clients are in greater need of these workers (Diaz, et al., 2001). Given the variation in publication years that literature suggests this shift to increase bilingual/bicultural professionals, it can be seen that it is a past, present, and future need in order to appropriately serve monolingual, bilingual, and bicultural clients of social work. Even bilingual Spanish-English clients, who are native to Spanish and have command of the English language, fare better with bilingual providers (Comas-Díaz, 1989; Andrés-Hyman, Ortiz, Añez, Paris, & Davidson, 2006). In both working with monolingual Spanish speaking clients and bilingual Spanish-English clients, bilingual social workers must attune to language and culture in order to meet the client where they are. This, however, does not mean that when practitioners and clients speak the same language that culture is inherently understood; Spanish speakers can and will “miscommunicate” (Guarnaccia & Rodriguez, 1996) in the same way that it occurs in similar and different dialects of English. Lijtmaer (1999) questioned the emotional pushes and pulls, or countertransference, when the client and practitioner share the same language. A discussion of “fear of ‘feeling too much nostalgia’” on the part of the Hispanic practitioner working with a Hispanic client was presented and examined by Lijtmaer (1999) and Comas-Díaz and Jacobsen (1991). Recent work has emphasized that in current social work practice, professionals must be sensitive to ethnic differences (Cox, Falk, & Colón, 2006; Lecca, Gutierrez, & Tijerina, 1996) in order to apply knowledge of culture into cross-cultural practice; attitude is valued over actual cultural knowledge (Cox, Falk, & Colón, 2006). This is empowering for social workers themselves, and encourages the open-minded curious position that a social worker must take, however, it almost stops at launch pad and does not push for a take off of cultural knowledge acquisition or cultural “competence” itself. This notion and the contributions of others (Biever et al., 2002; Cary, 2010; Engstrom & Min, 2004; Engstrom, Min

& Gamble, 2009; Engstrom, Piedra, & Min, 2009; Guarnaccia & Rodriguez, 1996; Harrison, 2007; Harrison, 2009; Rivera-Santiago, 2012) also leave out the possibility that co-cultural work can come with communication and relational difficulties that also should foster sensitivity to differences of social identities. According to some, “cross-cultural identification” for mental health practitioners is possible while working with “others” (Hoare, 1991; Rivera-Santiago, 2012) if workers are aware of the environmental and systemic factors that contribute to an individual client’s identity and sense of culture (Hoare, 1991). Would this also need to be the case while working co-culturally as well, if cultural identity is in part based on lived human experiences, which are not equal for all individuals in the same ethnic or national group?

Latinos and other ethnic “minority” groups in the United States typically utilize counseling and therapy services less than European Americans (Abramowitz & Murray, 1983) for a variety of reasons. Natural support systems of family and community have been used as an excuse in the literature for why these rates are so low (Lecca, Gutierrez, & Tijerina, 1996). While it is outside the scope of this literature review to discuss all of these findings, it is relevant that many of these groups, including Latinos, have been found to prefer seeing a counselor or therapist that shares their race and/or ethnicity and *cultural* background (Coleman, Wampold, & Casali, 1995, italics added). While each social science discipline categorizes aspects of “cultural affiliation” differently (Coleman, Wampold, & Casali, 1995, p. 56) it is clear that shared race and ethnicity are not necessarily automatic components of shared culture. Yet, this work has shown that over time, measures of ethnicity and cultural experiences have been a large factor in providing culturally competent and appropriate care to people of color and all ethnic minorities in the United States. Another finding, perhaps not counter to this but dissimilar evidence, shows that the therapeutic process is not necessarily interrupted by differences in ethnicity or culture

(Sella, 2006). What does this mean for the possibility of effective cross-cultural work? What does this mean for the effectiveness of cross-cultural work in a provider's second language? A Latino ethnic identity model (Ruiz, 1990) is a tool used by some in training for culturally competent care, whether providers identify as Latino or not. Of relevance to cultural experience, Ruiz (1990) asserts that a maintained sense of ethnic pride for Latinos will lead to liberation in personal and societal life experiences. This is crucial for any social work practitioner to focus on in macro and clinical practice, allowing for empowerment to guide service programming or treatment with Latino clients.

While the unique expressions of individual and societal culture will be explored in this research, language is the key to exploring culture and peoples' beliefs and practices that align with their personal thoughts. While Harrison (2006) asserts that social work revolves around language, other forms of communication like body language, appropriate touch, silence (a pause on language), and breathing patterns between social worker and client all may vary culturally. Language in practice allows culture to be experienced by individual clients and practitioners in both cohesive and separate ways. Language itself is often an unnoticed participant in social work practice (Harrison, 2006; Santiago-Rivera & Altarriba, 2002; Santiago-Rivera, Altarriba, Poll, Gonzalez-Miller, & Cragun, 2009) which has left the exploration of bilingualism in the field up to a select few. A bilingual social worker focusing on speaking their non-native language may not feel competent in the social work interaction, therefore detracting from the importance of language and language-related activity in the work. If bilingualism continues to be the exception instead of the norm (Harrison, 2006; Santiago-Rivera & Altarriba, 2002), it will not receive the benefits of new knowledge or places to work and grow as monolingualism does in social work education and practice in English dominant nations.

Bilingual Spanish-English Client and Clinical Work

Clinical practice can be seen as both linguistically focused (Harrison, 2006) and as a “culturally patterned event” (Malgady & Zayas, 2001). The literature presents ways that ethnicity, as an experience, and language, as a way of communicating emotional experience, have been both researched and ignored in Hispanic and Latino social services and clinical work. As Santiago-Rivera, et al. (2009) and others (Guarnaccia & Rodriguez, 1996; Rosenblum, 2011) have found, practitioners who work with bilingual Spanish-English clients, and who are bilingual themselves, switch languages often in therapy in order to establish better rapport and trust, and to help clients make use of Spanish language idioms to express themselves even while speaking English. This linguistic authenticity in a therapeutic relationship is unique to bilingual interactions. Manifestations of emotions are played out differently in bilingual clients than in monolinguals (Santiago-Rivera & Altarriba, 2002) meaning that bilingual practitioners experience the interpretation and reception of thoughts and feelings differently as well. With this linguistic competency and further efforts, there is some achievement of cultural competence in the mental health field, yet there is still a lack of bicultural and bilingual social workers to provide services, and an even bigger shortage of bilingual and bicultural psychologists and psychiatrists (Lecca, Gutierrez, & Tijerina, 1996; Malgady & Zayas, 2001). In order to improve service provisions to Latino clients, more bilingual/bicultural providers must be employed; Lecca, Gutierrez, & Tijerina (1996) indicated that Latino providers are more likely to maintain employment in health and social services if “other” bilingual/bicultural staff are maintained.

Use of the second language while trying to access and express emotions is a defense mechanism (Buxbaum, 1949; Greenson, 1950; Krapf, 1955; Marcos, 1973; Marcos & Alpert, 1976) and also has shown that clients can actually withdraw emotionally while using a language other than their native tongue (Marcos, 1976). This of course cannot be true of those sitting in the role of client only, but it would imply that emotional withdrawal could happen for any bilingual person while speaking their acquired language. De Medeiros-Ducharme (2000) found that clinical practitioners using their native language in therapy have markedly different experiences than when conducting therapy in English, “the culture’s dominant language” (p. x), thus it is probable that this will take on the same notion with the sample population of social workers conducting services in their non-native tongue. It has also been found that psychotherapists’ use of self in language, in terms of accent, use of self-disclosure, non-verbal communication, mental and spoken countertransference and language switching, have all been seen as tools in therapy practice (Sella, 2006). In the social work situations that occur for a Spanish-speaking client, various Latino or Hispanic cultures are dominant, thus the dominant language is that of the client, Spanish. In this regard, it is necessary to understand how each language has affected an individual, either client or social worker, and how the “impact of bilingualism” (Marcos, 1988, p. 36) has shaped their perception of self and reality around them.

As Marcos (1988) deliberately declares, the same guidelines or “frame of reference applicable to the Anglo-American” (p. 37) client is not suitable for evaluating or treating a Hispanic or Latino client in the United States. This is most relevant to cultural interpretations and cultural identification, not only same language identification or misuse of language. Although Marcos and colleagues primarily focused on language and its uses (1973; 1976; 1976a;

1979) there is a lingering question of how cultural reflections and understanding of its origins are part of the clinical experience when working co- and cross-culturally.

Bamford, (1991) found that for mental health practitioners, bilingualism in clients presents concerns apart from common issues like language of assessment and use of a translators; it may disrupt the establishment of rapport between the client and clinician. Does this then apply to the bilingual practitioner and monolingual client? This study left out the possibility of exploring how Spanish language mental health assessments with bilingual Spanish-English clinicians that have learned Spanish secondary to English. Marcos (1976) talked about *detachment effect*, an effect usually common in bilinguals who have fewer skills and experience in their second language; often emotions are stunted or inaccessible when speaking and being spoken to in the non-native language (Marcos & Urcuyo, 1979; Rosensky & Gomez, 1983). This can be applied in the current study's sample, in place of the bilingual client, where the cultural context where Spanish was learned by each social worker plays a significant role in how one does or does not have access to emotions that are evoked by various words or phrases in Spanish.

Bamford (1991) and others (Malgady & Zayas, 2001; Marcos, 1976; Marocs, 1976a; Marcos & Alpert, 1976; Marcos & Urcuyo, 1979; Santiago-Rivera & Altarriba, 2002; Santiago-Rivera, Altarriba, Poll, Gonzalez-Miller, & Cragun, 2009) have identified how the bilingual client experiences use of a second language in clinical work and the implications for practice with bilingual clients, as well as psychological and neurological reasons for language switching, and pointed out the gap in research on language and ethnicity affecting behaviors and communication styles (Malgady & Zayas, 2001), however, there are gaps here that provide the necessary opening for the study at hand regarding how the bilingual practitioner experiences their second language when engaging in this work with bilingual and monolingual clients. While

other relevant studies relating to language and ethnicity have explored the idea that these linguistically diverse services exist in some capacity (Cuéllar, 1998; Kline, et al., 1980; Marcos & Alpert, 1976; Marcos & Urcuyo, 1979; Price & Cuellar, 1981; Rosensky & Gomez, 1983), they have been deemed “intriguing and suggestive pilot studies rather than a systematic body of knowledge” (Malgady & Zayas, 2001, p. 42). While the current study may only add to the bounty of “pilot studies,” it will nevertheless contribute to the need for greater research to build that “systemic body of knowledge” for bilingualism, culture, and language in the field.

While focusing on cultural mores and norms in the general Hispanic and Latino culture, Andrés-Hyman et al. (2006) have brought up the idea that dignity and respect are two serious components of culture, and that in clinical work there is often a dynamic of layperson to “expert” (p. 696). Professionalism is a culture in itself that has trickled down from the dominant culture which concerns itself with specific groups and social ills (Guarnaccia & Rodriguez, 1996). Regardless of how a social worker is trained in cultural awareness, competence, or sensitivity, the dominant norms in the United States, which are not Hispanic or Latino, have influenced all professional ideals. How does a bilingual social worker native to English deflect that power in Spanish language work with Latino clients? How does a native English bilingual social worker who does not identify with the dominant culture characterize their professional values when working co- and cross-culturally? Perhaps the role is not only a professional “expert” in the client’s eyes, but part of an inherent privilege of being native to English in the United States. The role that this linguistic and professional power plays in bilingual Spanish-English social work will be explored in the research.

Implications for this Study

This study seeks to understand how bilingual Spanish-English social workers experience and conceptualize culture through cultural competence and use of empowerment in their own practice with Spanish speaking clients, and what significance the concepts have in framing their work and role as social workers. This study will use qualitative research methods and data collection to allow for the most depth in exploring the given topics as informed by the primary use of qualitative research methods in the relevant empirical literature (Biever, et al., 2002; Biever, et al., 2004; Boyle, Nackerud, & Kilpatrick, 1999; Cary, 2010; Coleman, Wampold, & Casali, 1995; Costantino, Malgady, & Rogler, 1986; De Medeiros-Ducharme, 2000; Engstrom & Min, 2004; Engstrom, Piedra, & Min, 2009; Everett, et al., 2007; Harrison, 2009; Johnson, Noble, Matthews, & Aguilar, 1999; Kline, et al., 1980; Kraft, 2011; Melchor, 2008; Mitchell, Malak, & Small, 1998; Sella, 2006; Sprowls, 2002; Rosenblum, 2011; Santiago-Rivera, et al., 2009; Uttal, 2006). As the literature indicates, future research is needed on how cultural and linguistic competence are actually applied in current practice (Biever, et al., 2002; Cary, 2010; Kraft, 2011; Rosenblum, 2011; Ryan, 1981; Santiago-Rivera, et al., 2009), how social workers working with Spanish speakers are faring in the field as this diverse population expands (Cary, 2010; Furman, et al., 2009; Hunter & Horst, 2012; Kraft, 2011; Rosenblum, 2011; Ryan, 1981), and how clinical Spanish-English bilingual practitioners need to promote more networking and collaborative opportunities around using Spanish with clients (Biever, et al., 2004). Studies that have focused on bilingual therapists and bilingual social workers have not exclusively focused on the practitioner providing services in their second language, which has in turn led to an omission of cultural interpretations and experiences in the literature that has assumed a definition of culture and focused primarily on language and linguistic competence. What this implies for

the proposed study is that Spanish-English bilingual social workers native to English are a distinct group that will offer a new and significant perspective to the topics of empowerment informed bilingual social work and cultural conceptualization in practice.

CHAPTER III

Methodology

This exploratory study was an examination of practice based cultural experiences of bilingual Spanish-English social workers native to English who work with Spanish speaking clients. Specifically, the focus of the study was centered on how these social workers conceptualize their experiences in their Spanish language work. The researcher was interested in understanding the ways in which bilingual Spanish-English social workers native to English offer a cultural, not just linguistic, competency to their clients and social work practice settings. Furthermore, the researcher was curious to understand how bilingual Spanish-English social workers who speak English as a first language would understand their own cultural and social identities as a factor in their cultural experiences with Latino and/or Hispanic clients who are Spanish dominant. Explicitly, the purposes of this study were to 1) examine how bilingual Spanish-English social workers native to English conceptualize culture as it relates to social work practice, 2) understand how linguistic competence and the role of cultural competence are made meaning of in practicing social work in Spanish when it is not the social worker's first language, 3) consider the ways in which "cultural competence" is an ongoing process for trained social workers, and 4) identify how bilingual Spanish-English social workers who are native to English can be utilized best with Spanish speaking clients in the field of social work. The researcher's broader aim was to provide a clear understanding of how this group of social workers is using Spanish in the field, both co- and cross-culturally, and what the implications are for macro and micro social work practice, as well as for master's level social work education.

By bringing this specific group of native English bilingual Spanish-English social workers into the ongoing conversation in the literature about bilingual social work, a new space

has been created in order to understand a perspective on linguistically competent co- and cross-cultural work in the Spanish language through the lens of culture. In accordance with the literature about the struggles and challenges of bilingual social workers, it was crucial for this voice to be heard as the field of social work in the United States continues to serve diverse populations outside of the English language.

In order to achieve real depth in data collection by this researcher, it was necessary to use qualitative research methods to explore the responses of participants. The research design was cross-sectional. Given the unique social position of Spanish-English bilingual social workers native to English within the field of social work in United States, it was important for this study to reflect the phenomenon at one moment in time with a very particular group.

This study used concepts of cultural competence theory and empowerment theory, as cited in the literature review chapter. By using a theoretical lens to both inform the qualitative research process as well as the analyses of the data obtained, this study aimed to link the theories with practical social work experiences of culture, cultural competence, and empowerment.

Sample

As this research aimed to explore what is currently happening in the field of social work as it pertains to bilingual work and cultural conceptualization with native English social workers, it was necessary for the study to sample professional social workers who have completed their Master's degree in Social Work. The exclusion criteria was as follows: a potential participant a) must be a currently practicing clinical or macro social worker in the United States; must hold a Master's in Social Work degree, b) must be bilingual in Spanish and English to a point of professional and personal fluency in both languages, c) must identify that English was first

learned/spoken language, and d) must be currently employed as a social worker in a public or non-profit agency, educational, or medical setting, or in a clinical private practice setting where Spanish language skills are used with one or more clients who speak Spanish as a primary language. It was necessary to establish these exclusive criteria because there are self-identified native English bilingual social workers who may not use Spanish in their work and because there are professional social workers at the Bachelor's level who may consider themselves bilingual social workers and do not hold a Master's degree in Social Work. It was the researcher's goal to use the Master's in Social Work degree as a baseline standard of all participants in the study. Study participants were not discriminated against through any of their social identities; as long as they met the criteria for participation they were welcomed to the study within the recruitment timeframe.

Of the thirteen respondents who signed informed consent, two were male and eleven were female; of the eleven participants who completed the interview process, nine were female and two were male. Participants were diverse geographically and in terms of their social work experience. Participants were practicing bilingual social work in English and Spanish in the following areas of the United States: Philadelphia, Pennsylvania; New York City; Oakland, California; Seattle, Washington; Berkshire County, Massachusetts; Atlanta, Georgia, and Northeastern Pennsylvania. These covered urban, suburban, and semi-rural areas. Their reported experience in social work ranges from two months to twenty-two years; specifically: two months, five months, one year, four years, five years (two participants), seven years, nine years, twelve years, and twenty-two years.

As the researcher asked about racial, ethnic, and national identification in the qualitative interviews, the racial and ethnic identities of participants were reported in an open-ended format,

as follows: eight identified as “white Caucasian,” one identified as “Italian American,” one identified as “non-white Hispanic,” one identified as “Latina,” one identified as part Lebanese, and one did not identify racially, ethnically, or nationally. Nine participants identified as United States citizens; two identified as North American, and one is a dual citizen of both the United States and Perú. These terms are taken directly from the responses of participants; they were not pre-labeled by the researcher when asking about racial or ethnic identification. More discussion on these identifications is found in Chapter five.

Recruitment for participants began on January 25, 2013. The researcher sent out a recruitment letter (see Appendix B) via email to her colleagues, former colleagues, classmates, professional contacts, friends, family, and professors. The researcher had both direct and indirect access to potential participants being recruited. The letter asked those receiving the email to respond to her if they qualified and were interested in participating and/or to forward to the email to those they knew or knew of who may qualify for the study. The researcher sent out this email on January 25 to January 30, 2013. The email was forwarded to others by recipients from January 25 to February 8, 2013. The researcher engaged respondents who contacted her by thanking them for their interest in the study, sending them the informed consent form to read and sign if they were willing to participate, and asking them when they could set up a telephone interview during the researcher’s available time slots. Respondents replied with signed informed consent forms attached to the emails, and times for interviews were all set up via email. The researcher kept all of the correspondence with respondents and participants in an email account managed by Smith College in order to maintain professional communication from the educational institution with all respondents and participants. All of these emails are and were stored in a password protected file to which only the researcher has access. All email

communication with respondents and participants was on the researcher's personal computer and the computer in her personal office at her field practicum, both secured by passwords known only to the researcher.

Operational Definitions

For the purpose of this study the researcher operationalized "bilingual" to function as a label for a person who is fluent in their own language [English] through speech, writing, and reading and who has mastery in the second language [Spanish] through spoken fluency as well as written and/or read proficiency. Although there is often a general misunderstanding of what it means to be bilingual, that it is a "form of 'double monolingualism'" that "assumes equal competence in [both] languages" (Harrison, 2009, p. 1085; Harrison, 2006), the researcher understood that participants' range of fluency in Spanish would differ, as she was not recruiting for native bilinguals.

The variables of "culture" and "cultural competence" as the ideas in question were operationally defined as follows: Culture is a product of group values, norms, and experiences, as well as experiences of individual innovations and life histories (Guarnaccia & Rodriguez, 1996); it is a process where views and practices are affected by social transformations, social conflicts, power relationships, and migrations (Geertz, 1973). Cultural competence does not only relate to ethnicity, nationality, religion, or race; it is attuned to all cultural issues, including gender and sexual orientation (Johnson, Noble, Matthews, & Aguilar, 1999). It also relates to culturally adapting information in programming and getting rid of barriers to client participation in programs and systems (Utal, 2006). These definitions were presented to participants during

the interview process (see Appendix C for qualitative interview questions) and they were asked to agree or disagree with the definitions.

During the course of the interviewing process, the researcher found that the terms “macro social work” and “modalities” needed to be operationally defined, too, for participant clarification. This was after the fourth interview took place. In consultation with the research advisor, the researcher noted that these would be points of clarification allowed in the next interviews. “Macro practice” was defined as relating to the community and to social policies; the researcher made clear to participants that they should use their own interpretation of this term. Regarding the term “modalities,” several participants asked for clarification or a definition of this word, and the researcher instructed participants to answer the question as they interpreted it, with whatever came up for them as a reaction to the wording of the question.

Data Collection

It was the goal of this study to recruit participants for thirteen qualitative interviews lasting approximately one hour each. In total, there were fifteen respondents to the recruitment; two were informed by the researcher that there were already sufficient participants recruited. These respondents were emailed by the researcher thanking them for their interest and that she would contact them in the future if further research on this topic occurs. There were twelve respondents who filled out the informed consent form and returned it to the researcher; eleven of these respondents completed qualitative interviews with the researcher, and none withdrew their participation or data collection whatsoever.

After approval of the Human Subjects Review Board on January 25, 2013, the researcher began recruitment on this same day. Recruitment ended on February 8, 2013. Interviews took

place from January 28, 2013 until February 25, 2013. All telephone interviews were conducted and recorded by the researcher in an office setting; no one else was present with the researcher for any interview and no one had access to the room she used while speaking with participants on and off the recording. An Olympus ® Digital Voice Recorder model VN-702PC was used to record each interview. The researcher's cell phone was used to make each call, and was put on speaker phone in order to record. The researcher called every participant at the number they provided, and deleted all of the calls from the cell phone on March 10, 2013. After each interview was finished, the researcher locked the voice file on the recorder, and immediately put the interview on a Compact Disc and labeled it with the date of the interview, number of interview in the study's sequence, and with the word "confidential." Each CD was stored in the researcher's private home office until given to individual professional transcribers.

The study utilized structured open-ended interview questions to collect narrative data from each participant in a telephone interview. Although open-ended, within several interview questions, operational definitions were presented to participants, and they were asked to agree or disagree with these definitions and elaborate on their responses. The list of qualitative interview questions (see Appendix C) was composed by the researcher in consultation with the research advisor, Dr. Danna Bodenheimer, who is a licensed clinical social worker and professor of social work. The interview questions were approved by the Human Subject Review Board at the Smith College School for Social Work January 25, 2013 (see Appendix A). The interview questions were formatted in a structured way so that the researcher could be consistent with each participant in asking the same questions throughout the study. There was deviation from this when participants 1) asked for clarification terms in the questions, and 2) spoke with sufficient detail to questions following a potentially short answer question, such as: "Can you explain your

answer?” (question eight), “Could you say why you view it in this way?” (question twenty-four), and “Can you say more about that?” (question thirty-two). The researcher intentionally skipped these questions in various interviews if the participant had already fleshed out their response to the preceding question. In addition to this inconsistency, it was discovered in the data analysis phase that in the second interview, the research inadvertently skipped question twenty-two “How do you conceptualize culture in relation to your work with Spanish speaking clients?” After consultation with the research advisor, the researcher contacted the participant via email explaining that this error occurred and asked her to respond to the question in this follow-up email. The participant did respond, and the researcher is aware that this way of responding has off-set the validity of the data for this question, as this participant had extended time to process and think about the question, and more time to formulate the wording of her answer unlike the immediate verbal responses given in the telephone interviews by the other ten participants.

In order to keep a structure to each interview the researcher did not ask any unwritten questions in any interview— that is, there were no questions asked that were not approved by the Human Subjects Review Board. This was to ensure the data would be concise in matching with the questions asked to every participant. The researcher did allow participants to ask her to repeat questions, and as needed, give short definitions of a term or say “yes” to the participants’ own question about a term, for individual participants’ clarification needs. Additionally, prior to beginning the interview process, the researcher used a pilot study (Rubin & Babbie, 2010, p. 205) to practice the interview questions with a slow pace of speaking and thoughtful tone of voice, and to determine the length of time each question would take to ask, then factoring in response times, in order to be prepared for each telephone interview.

At the start of each phone call to each participant, the researcher thanked them again for agreeing to participate in this study. The researcher reminded each participant that they could refuse to answer any question if they chose to do so, that they could quit the interview at any time, and that if they completed the interview but did not want their data to be analyzed as part of the study, they would need to contact the researcher within the next five days as it was stated on the informed consent form (see Appendix D). The researcher told each participant that the interview would be recorded for later transcription. The researcher checked with each participant to ask if they had any preliminary questions before the interview itself began and the recorder was on; she also asked them if they had any questions after the structured interview was over and the recorder had been stopped. She explained to each person before recording and asking questions that she would only repeat questions or clarify certain definitions, but would not discuss answers with participants nor give them feedback in an exchange. She was clear in stating that the interview would follow structure as the questions had been approved by the Human Subjects Review Board. There was a range in response times of the completed interviews; the shortest was eighteen minutes and the longest was fifty-nine minutes. In order of interviews completed, the times are as follows: eighteen minutes, twenty-six minutes, fifty-eight minutes, thirty-seven minutes, fifty-nine minutes, forty-seven minutes, fifty minutes, twenty-eight minutes, twenty-nine minutes, forty-four minutes, and twenty-five minutes.

Data Analysis

Each interview was transcribed verbatim following the format of structured interview questions written by the researcher. The researcher contracted and paid five individual transcribers for this study. All professional transcribers read and signed a Transcriber Assurance

of Research Confidentiality (see Appendix E) before they were given any interviews to transcribe. Transcribers were selected based on their known trustworthiness to the researcher, their educational attainment (a Bachelor's degree was required), and their interest and/or experience in Social Work research.

The audio recordings of each interview on CD were given to transcribers in person by the researcher herself. The researcher discussed formatting issues, recommendations for length of time each interview should take, the deadlines for returning transcription documents and CDs with interviews, and confidentiality policy with each individual researcher. The researcher sent an email to each transcriber with the final document of the qualitative interview questions in the order that they were asked in each interview. This was to ensure that the transcribers had an outline to follow while listening to each interview recording. All transcripts were emailed to the researcher's Smith College email account when finished. Each transcriber met in person with the researcher after completing the transcription process and returned all audio recordings of the interviews. The researcher ultimately read over and formatted each one before printing it out for coding. In five interviews, there were Spanish words used in responses, thus the researcher edited these words in the final transcripts to ensure correct spelling and placement of the words; two of the five paid transcribers who worked on those interviews do not speak, read, or write Spanish. All transcriptions were finished on March 29, 2013 and printed for final coding and analysis by the researcher on April 1, 2013.

Open-coding (Rubin & Babbie, 2010) began with the researcher identifying every time that she needed to clarify, explain, or define something outside of the formatted questions in the interviews. These instances were marked in each interview transcript. Next, the researcher identified the interviews that used Spanish words at least once during responses, so that these

could be quantified for clear reporting. The researcher identified sections of interviews where certain interview questions were not asked aloud; these were questions number eight, twenty-four, and thirty-two. These three questions were not asked in every interview because they were follow-up questions for expansion of details in their preceding questions, and if a respondent gave sufficient response to these questions before they were asked, the researcher skipped them.

In coding responses from each participant interview, some responses were quantifiable in terms of answering “yes” or “no” or in terms of similar answers being quantified under various themes. The researcher quantified responses in questions nine (racial, ethnic, and national identity), nineteen (agreeing or disagreeing with operationalized definitions of culture and cultural competence), and thirty-three (identifying conflict between social work values and ethnics and Latino cultural norms) in order to get a better sense of how participants understand these issues as a whole, and to be able to compare the responses to one another. The researcher grouped all of the interview questions to format the findings chapter by selecting which questions were asking for basic, straight forward information, and which were more involved and abstract. These were then divided into two groups for coding and thematic analysis to present in the findings chapter.

In order to visualize how participants came to know the Spanish language intimately, questions twelve, thirteen, and fourteen (asking how long ago participants were exposed to Spanish, where they were first exposed to learning the language, and how they ultimately became fluent) were first coded in a chart that showed every response in terms of “when, where, and how.” This helped the researcher see the range in geographic locations, variation in length of time with exposure to the language, and great differences in experiences that led to fluency. These responses were lumped together in a chart because they are interdependent, and also not

quantifiable yet very concrete. In this chart the responses were grouped into general themes for presentation of the findings. Similar preparation for analysis was done with the responses to questions about biculturalism and Latino cultural values. These questions warranted a “yes” or “no” response with further prompt for explanation. The “yes” and “no” responses were quantified in order to organize the ideas behind each response.

In coding the more involved, conceptual and abstract questions, the researcher read each response and grouped them into categories that related to the themes that came up in each answer, basing the findings on how concrete an answer was given in response to the actual question asked of the participants. The categories were named while coding, as this thematic analysis was unstructured. The researcher wrote formulations of the findings after coding and analyzing each response for a given question.

Quotes from interview responses that were selected for emphasis in the Findings chapter were chosen on the basis of clear and concise wording, focus on a theme that was salient in multiple answers in order to illustrate the point best, or focus on an idea that was unique to a particular response.

There were many possible benefits for participating in this study. In terms of self-exploration, this study provided participants with the time, space, and confidentiality to look into their own ideas about culture in their work. It was possible for participants to experience a shift in their thinking in regards to cultural competence as it pertains to their own work and the field of social work at large; this is in line with a time for open-minded and self-reflective processing in answering the interview questions. The study provided bilingual social work participants with a glimpse of cultural terminology used in the current literature on the topics discussed, which may help participants to in their co- and cross-cultural work in their practice settings, using both

English and Spanish. As the study was conducted in English, the dominant language of all participants and their academic social work training, it provided them with linguistic security while responding to questions about their work. As the researcher also is fluent in Spanish, participants were afforded the opportunity to use Spanish if desired.

Limitations and Biases

As the study itself was conducted over a short one month period, and the researcher had limited funds for expanding recruitment strategies, this study does not have high generalizability. Although there was good geographic diversity for a short and low-budget study, the researcher began recruitment with access to her own professional and academic networks. The sample in this way was not completely “random.” Self-selection by participants who qualified for and chose to participate in this study played a role in the findings. It is clear that there are many more native to English bilingual Spanish-English social workers in the United States than those who participated in this study. There were more native English bilingual social workers who received the recruitment email for this study that chose not to participate. Those who subjected themselves to these questions about culture, cultural competence, empowerment, and linguistic competency in social work practice may have felt they had worthy or important perspectives that needed to be shared with the academic community researching these topics. They also may have weighed the presented benefits of participation and decided that this would enhance their own perspective on the work and their role as bilingual social workers.

Researcher bias likely impacted the creation of this study. The researcher is a Master’s student social worker who is bilingual in Spanish and English. She works primarily with Latino clients in both Spanish and English; she identifies as multicultural with both Anglo and Latino roots. The researcher did not disclose anything about her social identifies to participants aside

from her gender, and when asked, answered “yes” to the fact that she does speak both Spanish and English like each participant. Although no other information was disclosed in the interview process, the researcher is aware that through the Internet (i.e. possible Google ® searches of her name and institution) her own identity in terms of race, ethnicity, age, work experience, and political opinions could be discovered by any participant. The researcher wanted to maintain as much objectivity as possible by using an etic perspective in conducting the study (Rubin & Babbie, 2010); however, in composing the interview questions and initially beginning this research, the researcher had pre-conceived hypotheses and assumptions about who would participate in this study. The study assumed that the literal voice of Spanish speaking bilingual social workers portrays a sense of false confidence for Spanish speaking clients in terms of cultural sensitivity and understanding being built into the linguistic capability of bilingual social workers. The study also assumed that potential participants would have false confidence in their own cultural competency as social workers, especially when “competence” is framed as a set of skills acquired in the field and through training. In terms of the sample, the study predicted that there would be more female participants than male, and that there would not be great racial diversity in the sample. Finally, the study assumed that by working with Spanish speaking clients over time, whether co- or cross-culturally, cultural empathy and competence would grow, as fruits of an animate process in social work. Through the shared experiences from the study’s respondents after each interview, the researcher continuously examined her own bias and evolving viewpoints on how culture shapes the experience of social work practice with Spanish speaking clients.

CHAPTER IV

Findings

This chapter presents the findings from eleven qualitative interviews conducted with eleven Master's level social workers who are native to English and bilingual in Spanish and English. Each interview consisted of a structured set of thirty-three questions addressing the following areas: meanings of culture, cultural competence, empowerment work, the implications of macro practice and micro/clinical practice in settings where Spanish social work is practiced, biculturalism and Latino culture, linguistic competence, and subjective experiences of culture in social work practice. Variation in response times, interview length, and questions asked occurred in all interviews, based on the content of answers given by each individual participant and their individual ways of interpreting each open-ended question.

All interview questions were qualitative, allowing the participants to answer with open-ended responses as they saw fit to each question and topic. Participants were asked to identify themselves racially, ethnically, and nationally, and explain how their social identities influence their work with Spanish speaking clients. They were asked direct questions about how long they have been social workers, and asked to describe the macro and micro practice implications of the settings in which they practice in Spanish. Relating to the practice settings, they were asked to comment on the alignment of goals and missions with biculturalism and Latino cultural values. Each participant was asked to explain for how long they have been speaking Spanish, where they were exposed to the language first, and how they ultimately became fluent speakers. They were asked to speak to any preference in theoretical application to their Spanish speaking work and to specific practice modalities that they use with Spanish speaking clients.

Exploring Personal and Professional Identities

Participants identified racially, ethnically, and nationally in a variety of ways, and chose to answer the question on this with varying degrees of precision. In order to give justice to their unique identities and to avoid categorizing them in a quantitative way, the findings of their racial, ethnic, and national identifications are as follows:

- Participant one: white Caucasian, Latina, multicultural;
- Participant two: American, white, “confusing” ethnicity— one quarter Lebanese;
- Participant three: North American, United States citizen of Scandinavian decent, fourth generation immigrant;
- Participant four: Italian American;
- Participant five: non-white Hispanic, bi-cultural Colombian and Ecuadorian, Hispanic-American;
- Participant six: white woman, American born in the United States;
- Participant seven: Caucasian and a U.S. citizen, fourth generation immigrant of German decent;
- Participant eight: “conflicted” third generation Spanish, American born in the U.S.A., English dominant, white, Caucasian;
- Participant nine: Caucasian, “white, white, white!” Pennsylvania Dutch and German decent, “no sort of interestingness here” (said while laughing).
- Participant ten: U.S. and Peruvian citizen, Peruvian and North American, Caucasian; and
- Participant eleven: “I don’t feel like I’m anything.” Participant eleven went on to say that she feels like “I’m sort of in this in-between where I have a lot of Latino Colombian stuff inside my heart of hearts...”

Although participant number nine has a response that is very clear on race and ethnic background, it is different in terms of the tone taken while proclaiming a racial identity, as the respondent was laughing, and what that means when discussing whiteness as it relates to non-white Latino clients. This will be discussed further in Chapter five, as its significance in connection to white privilege and the dominant culture of United States is great. Participant eleven was the only respondent to not identify themselves in a clear way in terms of race, ethnicity, or nationality— they did not answer any of the three, whereas others chose to answer some with multiple identifications in their responses. This will also be discussed further in its relation to white privilege.

When asked about how long they have been social workers and where they have practiced social work with Spanish speaking clients, respondents had a range of experience in various types of settings. Participants have practiced social work for two months, five months, four years, five years (two participants), seven years, eight years, twelve years, fifteen years, and twenty-two years (in order of experience). They reported using Spanish in their practice in the following settings: primary healthcare (three respondents reported this), community healthcare, an HIV/AIDS program in a hospital, community-based organization, private non-profit social work agency, non-profit youth services, mobile crisis case management, an educational setting, private [clinical] practice, non-profit public sector, foster care, and family preservation in a non-profit community-based agency. In addition to the different practice settings, it was found that the settings were located in urban, suburban, and sub-rural geographic locations. No participant was found to be practicing Spanish social work in a rural setting.

Interview subjects were asked to comment on the length of time that they have been using Spanish in their social work practice and to give an amount of how many Spanish speaking clients they are generally working with at one time. Responses to the length of time were generally consistent with how long each person reported being a social worker, however, some answered that they have been using Spanish in the field of social work longer than they have had their Master's degree. This brought up the shared idea that many considered their pre-Master's work, and in some responses, pre-Bachelor's work, to be true social work practice.

There was a larger range found in how many Spanish speaking clients are being served by participants at one time. This range started with two current therapy clients to a reported eighty percent of clinical work being done in Spanish at all times. Several respondents spoke to the evolution of these numbers over time, with decreases and increases. Others commented on

the changes in specific jobs they have had that influence how much Spanish they are using in practice. Seven of eleven participants identified seeing their Spanish speaking clients in therapy or case management. There were three respondents who identified their Spanish social work practice being in primary healthcare settings, describing that there is not a “traditional caseload” and that their work with Spanish speaking clients is generally a high percentage, not a specific number. Another respondent has an administrative mezzo social work position, and identified that she oversees programs that serve about 200 Spanish speaking clients; this respondent estimated that she is in contact with fifty clients in a six month period. One participant went into more detail about the barriers that come up for Spanish speaking clients to engage in Spanish when they first arrive into a system of care or in a therapeutic setting.

“...more Spanish speaking clients are showing up at the center and there are kind of like, moments of engagement, but there’ve been more moments than like, regular interaction in Spanish....it’s just a whole system that doesn’t necessarily have Spanish speaking staff so they’re used to talking in English with providers.”

Learning Spanish

Participants were asked to share how long ago they were first exposed to Spanish, where they were first exposed to learning the language, and how they ultimately became fluent. Ultimately it was found that of the eleven respondents, three were exposed to Spanish at birth, four during their teen years, one at the age of ten, and three in post-college adulthood. Four were first exposed to Spanish in a middle school or high school classroom setting, one in their own home in the United States, three in Spanish speaking communities outside the United States, and three in social environments where Spanish was dominant in the United States. In gaining fluency, five respondents identified that either studying abroad in a Spanish speaking country or participating in an emersion or exchange program in a Spanish speaking country was how they became fluent. These countries were Ecuador, Mexico, and Chile. Three became fluent through

working or volunteering in Spanish speaking countries (Dominican Republic, Nicaragua, and Colombia); two grew up in Spanish speaking communities outside of the United States (in Peru and Honduras); and one became fluent through ongoing professional and personal relationships with Spanish dominant individuals in the United States.

Practice Settings and Ways of Practicing

Study participants have practiced social work in Spanish in a variety of settings, including educational, private [clinical] practice, primary care healthcare, public sector non-profit, mobile crisis center, community/public mental health, domestic and sexual violence shelter programs, a hospital rape crisis unit, community-based multi-faceted social service agency, a tax site, community education workshops on juvenile justice, case management programs in social services and hospitals, domestic violence hotline, HIV pre- and post-test counseling, and in foster care.

The researcher asked all participants “with what modalities do you practice this social work in Spanish?” in order to set the frame of their social work experience in Spanish towards the start of the interview. Several participants needed clarification on what ‘modalities’ meant, or some simply expressed that they were not clear on that in their response, but did not ask for clarification. The researcher did define ‘modality’ in a very general way: as anything relating to a specific type of interacting with clients; a specific technique. Responses were mixed, which the researcher found is reflective of the settings in which participants are practicing, their theoretical perspectives (referred to in another response), and in some cases, their cultural conceptualizations of Latino culture as it relates to their work. It was also found that what some defined as a “modality” others defined as a theoretical perspective. Use of acceptance-based therapy, cognitive behavioral therapy, motivational interviewing, patient education, problem-

solving, behavioral health consultation, solution-focused model, strengths-based work, community-based work, case management, trauma therapy, advocacy work, family therapy, individual therapy, group therapy, psychodynamic work, supportive counseling, and hypnotherapy were reported.

When participants were asked about preference of a theoretical perspective or way of working with Spanish speaking clients, there was some overlap in the responses between this and modalities used in Spanish social work. One respondent did need clarification from the researcher on what a “theoretical perspective” meant in this context. Active listening was mentioned by two respondents, which touched on the basic humanity of social work practice, and the need for creating a holding environment for clients. “...basically the Carl Rogers theme, which was basically repeating things back to people....it’s so important to get what they’re saying not on a linguistic level but on a visceral level.” However, after this respondent spoke to the need for this “visceral” understanding, she expanded on the challenge of non-insight oriented work, which for her is specific to Spanish speaking clients.

“It’s not a lot of insight work at all....They often come to me and call me ‘doctora’ even though I explain I am not a doctor, they still call me that and they sometimes comes looking for a ‘receta,’ a prescription. Not for meds but they want me to tell them what to do and that’s just what they....they say ‘Qué hago doctora?’ That’s what they are here for. Not let’s sit here and get it together or that this is a process and you’re going to come here once a week and see me. No. Largely...that is not what they are looking for. Very much it’s ‘tell me what to do, I’ll take your...’ it’s like going to the doctor every week.”

Similarly, in another response to a question about professional social work values and ethics conflicting with Latino cultural norms, another respondent spoke to the conflict of this “advice giving” way of presenting for services.

“At times some clients really want advice or guidance from me and I have the feeling that they might be expecting me as an authority figure or professional who is in the role as therapist to provide advice for them or to be more directive with them in terms of what they should do....[Organization name in Spanish] literally means ‘advice giver’ and so that contradicts social work values and our therapeutic training in terms of you are not supposed to give advice to the client. The part that is therapeutic and empowering is to support them [in] making their own decisions.”

A Latino male respondent discussed the necessity of working in a way that is “culturally informed and always open to learning more....staying humble is [an] important modality.” He spoke to the historical contexts and changing policies in different Latin American cultures; he was clear in saying that there are many cultures within the greater Latino experience. The respondent who did not identify herself racially, ethnically, or nationally, but identified with Colombian cultural practices, spoke to the liberties she experiences when practicing with Spanish speaking clients.

“...there is a lot more freedom with Latinos because just the language and just the culture is much [more] emotive and much more in touch with spirituality. I know that I sit really close when I’m with a Latino patient, I’m very close physically and also ask them about their spiritual coping skills...the emotional flavor of the whole room is a lot warmer, closer, they tell you a lot more stuff that’s going on. Touch is very appropriate...the acceptance-based...modalities...guided imagery, relaxation stuff really reaches their hearts. I often find that patients have happy tears after we go through a guided imagery session.”

In this sense, the respondent was able to link language and culture, and integrate how general Latino cultural characteristics and practices are inherently part of the Spanish language, a more emotional and spiritual language than English in its actual structure. This respondent felt less limited in her capacity to connect with clients in Spanish than in the English language. Other responses included: cognitive behavioral work, solutions-focused model that focuses on meeting families “where they are,” family systems, relational psychodynamic theory, client-centered approach, narrative therapy, and motivational interviewing. Three respondents could not name or create a theoretical perspective that fit their thinking. One stated that it was “impossible” to identify a preference in theoretical perspective in working with Spanish speaking clients; she responded by saying that “It’s not driven by a theory it’s driven by practice and experience.”

Exploring Macro and Micro Practice Implications

Participants were asked to describe the macro and micro practice implications of the settings in which they are currently practicing social work. Several respondents had trouble responding immediately to the term “macro practice.” The researcher provided a brief

explanation in the later interviews as this had come up in earlier interviews, however, participants were encouraged to answer based on their own interpretation of the terminology used by the researcher. These eleven native English bilingual social workers are practicing in a variety of geographic locations, and the macro and micro implications relate to these differences in various ways.

It was found that six respondents practice in agencies and/or communities that are almost exclusively Latino, and this effects the macro practice implications of those settings in unique ways that relate more specifically to Latinos in the United States. One respondent, who works in an administrative position in an agency created in a Latino neighborhood, differentiated between internal macro practice and external macro practice and how policies can be controlled within the agency and affect employees and client services alike.

“We have policies around what our kind of official language is [in the agency], how we have documents in English and Spanish. We have a lot of control over how user friendly or how bilingual we chose to make our services, we also have control around how we hire staff, how we prioritize Spanish speaking when we are interviewing based on the job requirements. From an external perspective...we advocate for cities and for systems really to make sure that they can provide services in Spanish....and that people know their rights to certified interpretation....certified interpretation is a really important issue ‘cause a lot of younger people or neighbors or other people are translating informally and that can adversely affect people.”

This same respondent connected the macro issues of language choice to the micro implications of the agency as well. She specified that the agency’s ability to provide services in the clients’ comfortable language and to serve them in their own homes and in the agency’s building, which is centrally located in a largely Latino neighborhood, all relate to a clinical perspective.

Another respondent who is practicing as a therapist has a very specific population of undocumented minors who have immigration holds from the federal government. She responded that “everything I do is contingent on policy and immigration policy and laws, and how to care for these young folks.” This respondent continued to link macro and micro issues when discussing access to mental healthcare, funding for it and for this population specifically, and the

undocumented immigration journey of each of the clients and how that affects their mental health outcomes and symptoms.

Three respondents, who all work in primary healthcare settings, discussed the goals of improving both physical and emotional health of “underserved” patients in “economically oppressed” communities, and improving patients’ abilities in navigating social systems, many of which are policy based from outside of the communities. They mentioned the idea that racism, criminalization, immigration, and migration [from within the United States], affects the behavioral and mental health of the communities where “population based care” is part of the social work and community medicine model in these settings. One respondent spoke to the idea that trauma, on a personal and community level, is a public health problem that plays into the macro practice implications hugely. These same three respondents had difficulty differentiating between macro and micro practice implications, in part due to the community-based nature of the settings and clinical work that they each practice. Each mentioned that increasing protective and healing capacities both for individuals psychologically and for individuals in their own communities is a practice implication and goal on the micro level. Each commented on the challenges of working with large amounts of people who have experienced chronic illness, chronic mental health issues, and community oppression, and how there is little room to separate the policy and community issues from the symptoms and struggles presented by individual clients who come into their service.

A respondent working primarily with Latino youth and families in family preservation work mentioned the macro implications as more of an overall programmatic goal of “keeping families safe and strong” in order to prevent foster care introduction. This same respondent discussed the micro implications in a more general way relating to the program, in terms of

meeting clients where they are, a social work motto of sorts. It was found that both of these answers were specific to the program itself and more general in the clinical aspect, because that is careful not to single out a specific population of people for program involvement; the responses were broad enough not to box any group into ideas about what treatment or safety goals are like in the stigmatized foster care system.

Other participants who are working with Spanish speaking clients in less concentrated areas or settings discussed these ideas openly, and in some responses, it was found that macro and micro implications for Latino clients in the practice settings were different than for non-Latino clients. From three of these five participants, there was also some need for clarification on “macro practice.”

Two respondents working in different settings, yet with similar therapist positions, gave responses that look at the clinical social worker as someone outside of macro or policy practice. A participant working in a private practice stated, “I’m never clear on what macro social work means.” This is an interesting finding in itself. This same respondent has been in the field for more than two decades, and is working with clients who have immigrated to the United States. She did answer that in this practice she does connect Latino immigrant clients to newer community groups for immigrant issues and rights, which is a macro implication that perhaps has gone unnoticed. Another more recent graduate into the social work field replied at first with, “Like in terms of what policy work they do? All of my work is all like micro work. I know the agency does outreach and stuff but I don’t really know about it.” In responding to the micro implications, both of these respondents cited the general counseling ideas about problem solving implementation and family strengthening, social skill development, individual therapy, family therapy, talk therapy and play therapy. In a sense this is a helpful, non-specific way to speak to

the broad ideas of what clinical work could be for each client. It is not boxing anyone in, similar to a response from another participant working in a Latino community, however, it leaves some wonder as to how the clinical work is framed with clients coming in for diverse reasons.

In a multi-faceted social service agency, another respondent stated that lobbying at state and national levels were macro practice priorities on policies regarding educational access, integrated services for immigrants and undocumented immigrants in a politically conservative state, and for domestic violence programming and policy. This respondent spoke to a point of pride in the agency, that it is a “safe haven” for people who do not have many other social service options. On the micro level, the respondent spoke to empowerment in all life situations, especially involving mental illness, family problems, behavioral issues, communication skills, and coping skill development. This was another response that spoke generally about what clinical work looks like on the surface, and it was found that this framed a broad generalization of all the possibilities that can come of clinical social work, and not just isolating it to a specific population.

Specific to an HIV treatment program in a hospital, another respondent shared that the setting in which she practices has a large local impact because as a public health department, there is outreach work being done to meet the medical and psychosocial needs of clients who come into the hospital setting with HIV. “The micro feeds into the macro” in this setting as well, which this participant was aware of and conscious of in her work. In working with an HIV positive population in community health, the case management goals are to address struggles with psychosocial issues so that medical treatment for HIV can continue without barriers on an individual level. On a community or population-based level, the goal of the department is to work with individuals who are HIV positive to reduce the risk of spreading the virus to others.

In a mobile crisis center, where clinical skills are being used in a case management position, the respondent spoke to macro implications as both programmatically specific and as a societal goal from the mental health perspective. The macro relates to, “trying to find better solutions than sending people to emergency rooms or the jails.” Reducing the numbers that are “unnecessary” when people in mental health or substance abuse crises are directed to facilities that are not equipped to work with them specifically is the main implication that stood out for this respondent. In turn, it was found that the clinical implications also address a larger goal of the field by “expanding social work” due to getting referrals in a non-traditional way, from the police. This collaboration between mental health and law enforcement is both macro and micro, however directly impacts the clients and social workers.

Biculturalism and Latino Cultural Values

When asked if participants thought that the goals and mission of their practice settings were aligned with biculturalism, eight respondents said “yes.” Those who gave reasons as to why their settings were aligned with biculturalism shared themes of: addressing the rise in Latino clients in the communities and agencies, need for improvement in aligning with biculturalism, and *multiculturalism*. Part of one respondent’s answer speaks to the idea that bi and multiculturalism should be in mind with every individual and not just with the practice setting itself. “We try to think about what are the resources and culture of the people that we’re seeing....what is normal for them, and put that into perspective.”

Three respondents said “yes, but” and have a caveat with their responses about their specific setting. It was found that the three who gave these responses all work in primary care behavioral health, and practice clinical social work under a medically based administration. All

three respondents also work in predominantly Hispanic neighborhoods. One respondent said with a sigh, “It’s complicated.” It was found here that the particular agency has a lot of native Spanish speakers and Latino staff from the community that it serves, which is largely Hispanic, yet many of the people with more power are not native to the community or to Spanish. There is a power struggle between native speakers of English and Spanish that is very present in the understanding of having a mission that is bicultural. Another said that the intent of goals and mission “are on point with biculturalism....where it goes awry is the practice.” The third mentioned that the “hidden racism” she sees within the administration goes against the actual bicultural goals and mission.

More specifically, participants were asked to answer whether or not the goals and mission of their practice settings were aligned with Latino cultural values, and they were prompted to explain their answers. Responses varied here: three said “no,” six said “yes,” one said was conflicted, and one gave the “yes, but” caveat. Main themes in these responses were issues with prioritizing family values, religiosity and spiritual connections, community values, person-centered and relationship-centered services and policies, American cultural values around feminism and individuality, respect for healthcare providers as authority, access to paperwork and literature in both Spanish and English, diversity in staff and providing services in both Spanish and English, and attention to specific national groups within the broader Latino culture.

Exploring Cultural Meanings

More involved, abstract questions encouraged all interview subjects to reveal more subjective experiences of culture and conceptualizations of this as they relate to their Spanish social work. Participants were asked about their experiences as social workers using Spanish in

their practice, how they experience culture subjectively both personally and professionally, how their culture and social identities relate to their Spanish social work practice, and how they conceptualize culture in their work. They were each asked to identify their past and present linguistic comfort levels working in Spanish, a non-native language to all.

Participants were asked if there are there any aspects of their social identities that influence how they see their work with Spanish speaking clients. It was found that “social identity” was interpreted differently amongst participants. Some spoke to their identity specifically as a non-native Spanish speaker and some about how their position at their agency was informed by their cultural experiences in Latino countries and how this conflicts with a medical or tradition model of social work practice. Others were very reflective of their own family history in terms of race, class, and social privileges, in order to make comparisons and contrasts to their own culture and Latino culture more broadly.

Three respondents mentioned their white racial identities and its privilege as a part of their response, as well as four others highlighting the fact that speaking Spanish as a second language and using it with Spanish dominant Latino clients puts them at a loss in some way in terms of cultural communication. Four responded with connection to their own ethnic and family histories in relation to Latino culture; two respondents made connections to their communities of origin and history within the United States— one of these participants detailed the “intolerance” and blatant racism in a white dominant community. This participant formulated that this type of hostility around her helped her to become more “open minded” and take a “global perspective” on people, both before and after starting a social work career. One participant spoke to her own class history, specifically a working class background, and familial

and community class struggle being very similar to the largely economically disadvantaged Latino community in which she practices.

In discussing how one's own social privileges as a white social work provider can influence and be a huge part of the work with clients of color, one participant mentioned the paradox of being culturally informed or aware: "I think about holding some knowledge about these Latino trends...but also not holding too tightly to that because each youth and family situation is individual." One of two male participants factored in his male identity as a privilege when discussing social identities, and also connected his upper middle class background to subconscious values of socialization and upbringing. "I would say that those are aspects that influence me and specifically trying to not let those influence me, as a social worker you learn these things to try to take them apart."

Positive Connections and Cultural Similarities

An Italian American respondent spoke to the similarities she has experienced in Italian and Latin American culture, using these to make herself adapt to Latino culture on a more familial level. The only Latina respondent in the study spoke very simply to the "fact that I am Latina, that I've grown up in Latin America really affects my work with Latinos. My ability to speak Spanish and relate to on some level, an immigration experience, has helped me work with them." This response is unique, in that she is drawing from the common ground to emphasize the connection between cultural backgrounds, geographic and political sameness, and linguistic competency informing and shaping social work with Latinos. Not unlike other responses, she immediately connected the similarities in culture. A Hispanic male respondent spoke to the comfort in cultural connections around religion and cultural sharing when speaking in Spanish with clients. "They can be themselves. And for me...it's comfortable because I can be more of

myself, more soon I guess.” He linked religiosity in Latino family values, from his own family and the general cultural perspective in a way that puts family and religion in the same space; “it’s kind of a way of life.”

In terms of mentioning the fact that Spanish is a second language and therefore is not the language of comfort for some participants, one respondent emphasized her anxiety about what these clinical interactions in Spanish are like, and how her identity as a non-native speaker is apparent: “I feel bad that the client is gonna feel like they’re getting a second rate...worker, and I also worry about just not understanding...not catching everything.” Although there were only a few responses acknowledging the linguistic component of communicating in the social workers’ non-native language, there was one response that highlighted the pleasure in it. “It’s something I really enjoy to be able to work with people that are Spanish speaking.”

Variation in Religion and Spirituality

Participants were each asked to speak to this same idea of social identity influencing their work in terms of religion and spirituality. “I never initiate any conversation on that level but when clients do I go there with them.” This sentiment was shared amongst five other participants, sharing that a familial and/or past connection in their lives to spirituality, or to Catholicism and Christianity specifically, informed their comfort with religion and spiritual discussion in Spanish social work practice. It was found that two of these participants talked about religion and spirituality as very individualistic and personal, not something that should be assumed about a whole group (i.e. Latinos at large) and that in a therapeutic setting this is something that will be explored and identified if the client indicates that it is of major importance to them. Four people did mention that there is much more variation than just Catholic tradition. One of these participants was clear in stating that the Spanish speaking population is not a

“monolith” in terms of religion or spirituality. It was found that every participant who detailed the various religious practices or non-practices of Spanish speaking clients works primarily with Latino clients. As an outlying response, a non-religious participant working in an HIV program discussed the “frustration” that comes up for her when working with spiritually informed Latino clients and the conflict between public health demands and “God’s want” for individual clients.

Only one participant identifies as Jewish, with ancestry from Spain that is Sephardic. This is something that comes up for her when interacting in Spanish or with Latino clients and colleagues in her work and can be “othering” in the sense that assumptions about Christianity as the norm in Latino and Spanish culture and communities are often unchallenged.

Another participant also in a faith-based agency that follows a medical model explained that in terms of religious practice and spiritual basis to treatment and care, the agency is “attuned to those nuances.” However, this participant spoke to the biases and judgment that lies within this agency, too, as the majority of medical providers are openly treating with a connection to a specific Evangelical faith, and “discount” the practices of other Christian sects of their patients. It was also found that for this participant, there is a link between the diagnostic stigma of post-traumatic stress and depression in women and a spiritual or religious suffering that is inherently part of a Latina woman’s identity; this is in conflict with the idea of self-care and wellness of the medical and social work models. One person also spoke to the inclusion of spiritual and religious practice in social issues facing the Spanish speaking community from a social work perspective. This participant has had experience with speaking about issues of domestic violence and parenting issues in Spanish speaking women’s groups at churches. The sharing of spiritual connection within this context was found to be helpful in making links between macro and clinical issues in Spanish social work practice.

The same male participant who spoke to his dominant social identities influencing his work also practices in a faith-based agency. He spoke to his experience of always connecting social work as a profession to the values that are important to him from his own Christian faith; he discussed the idea that a foundation in faith is important to the majority of his clients, so it always has a presence in the work, whether it comes from him or the clients, or both. There were three participants that directly related social justice and social activism to the basic teachings of Christianity.

Linguistic Comfort

Participants were asked to describe their own linguistic comfort level when working in Spanish with social work clients. There were varying responses about comfort and confidence with the language, and specifically using the language professionally and/or clinically.

Three respondents spoke to the fact that not speaking Spanish every day at this point in their careers has made their comfort levels not very high on a consistent basis. One person detailed that her conceptualization of clinical work has evolved so much, and has been primarily done in English, that it is very difficult for her to translate her “deepened” and “extensive” understanding of therapy into Spanish. Another participant does not see Spanish dominant clients regularly, so waiting months at a time to speak the language is problematic. Yet another gave the idea that learning Spanish mostly with working class people in Spanish speaking countries has led her to feel nervous when working with more educated Spanish speakers.

One participant responded that the clinical and academic training in English makes it much harder to translate terms in the field directly into Spanish while working with a client, and that this is frustrating due to his own real fluency and comfort level with the language itself. Three participants mentioned the specific difficulties that come up with slang and colloquialisms

of different Spanish dialects. Two participants acknowledged that their English dominance, although both Hispanic/Latino in ethnic background, can be challenging without a “100 percent knowledge” of the language. Here too, the “nervousness” associated with wanting to accurately express oneself without hesitation is prevalent for English dominant Hispanics, specifically. Two participants gave simple responses saying that they had very high comfort levels with Spanish.

There was mention of discomfort and self-consciousness when speaking Spanish with clients.

“There is a great deal of responsibility in the work that we do so it’s a difficult thing to think you’re your communication level is somewhat limited. I think that the comfort comes from the fact that I am aware of that, of my limited ability, and that I try to work with it...I try to be really honest up front...I’m introducing myself I’m always gonna say Spanish is not my first language, as you can hear, and often I may make mistakes or may not understand everything perfectly well, so please let me know if you are not understanding me—it doesn’t embarrass me or anything, the most important thing is that we can communicate.”

While understanding that as a non-native speaker there will be slip-ups and miscommunications, the desire to get it right and be on the same level with clients supersedes the ability to accept the barrier for what it is naturally.

“Haha, it’s really challenging for me. I definitely am a lot less comfortable in Spanish...[I] feel guilty about it and get more up in my head about it...I do spend more time just trying to translate in my head or just trying to figure out the right word...the work suffers because of...missing nuance and also just missing timing. I feel like I’m quicker to respond with...a good-enough response in English...I feel a lack there.”

One participant responded with confidence that she is not self-conscious when speaking Spanish because she has embraced an understanding that Spanish dominant speakers “appreciate the effort” of a non-native speaker using their language.

When asked if their linguistic comfort level is different from when they began using Spanish with social work clients, five participants said that their comfort level has increased or that their language skills in Spanish have improved; three said that their skills have decreased

due to using the language less in practice, and three said that it has stayed the same throughout their social work practice.

Meanings of Culture and Cultural Competence

The researcher presented operationalized definitions of culture⁴ and cultural competence⁵ in accordance with long standing literature on each term. In each interview participants were asked to agree or disagree with the definitions as stated. All eleven participants stated that they agreed with the given definition of culture, while only ten agreed with the given definition of cultural competence. Three of the eleven participants elaborated beyond “agree or disagree” in their responses to these definitions, detailing why or why not, and giving critiques of the definitions themselves. The only response to disagree with “cultural competence” emphasized the inherent racism in the application of the term within the field of social work.

“The cultural competency thing...gets thrown around kind of lightly in social work...everyone accepts that we always have things to learn about other cultures because we clearly don’t, clearly not any of us are adept at knowing all these things, you know all these different cultures at one point so it’s like a constant learning that’s at the heart of cultural competency. The reason that we’re doing this is because we want to connect clients with programs. But I think there’s...a therapeutic value in just trying to understand people, you know, like I feel like cultural competence is brought up just when we’re talking about populations that aren’t white dominant and I think that it’s always important to try to understand where people are coming from because that’s therapeutic.”

It was noted in this finding that this participant was the only participant in the study to identify with a non-white racial category. This connection to the meaning of cultural competence in social work practice and education will be discussed further in Chapter five.

⁴ Guarnaccia, P.J. & Rodriguez, O.(1996). Concepts of culture and their role in the development of culturally competent mental health services. *Hispanic Journal of Behavioral Sciences*, 18(4), 419-443. and Geertz, C. (1973) *The interpretation of cultures*. New York: Basic Books. And Good, B.J. (1994). *Medicine, rationality, and experience: An anthropological perspective*. Cambridge: Cambridge University Press. In Guarnaccia & Rodriguez, 1996.

⁵ Johnson, M., Noble, C., Matthews, C., & Aguilar, N. (1999). Bilingual communicators within the health care setting. *Qualitative Health Research*, 9(3), 329-343. DOI: 10.1177/104973299129121893. and Utal, L. (2006). Organizational cultural competency: Shifting programs for Latino Immigrants from a client-centered to a community-based orientation. *American Journal of Community Psychology*, 38: 251-262. DOI 10.1007/s10464-006-9075-y.

Participants were asked to describe their own cultural context, both personally and professionally; as they saw fit for the interview, as it relates to their understanding of Spanish in a cultural sense. They were asked to speak to their own conceptualization of culture when working with Spanish speaking clients, and if culture was something that is shared between social worker and client, and why. They were also asked to say whether or not they viewed culture in the same way when working with clients in English rather than Spanish. In addition, participants were prompted to respond to cultural experiences in their work with Latino clients in Spanish verses English, and to differences in experience with Latino clients who were born in the United States and those who have come from another place of origin.

Based on the operationalized definition of culture for this study, the all participants were asked to describe their own cultural context in terms of identity and experience. While some clarification was needed in several interviews, all participants were able to respond to this question and various themes emerged.

I'm Different. Four participants mentioned their uniqueness when it came to having a cultural context in terms of their experiences. A multicultural Latina woman responded that because she comes from multiple cultures, she is “different” and that this helps her to connect better with Latino clients. Another finished her response with “It’s confusing for me [because]I have all these different parts of my identity that give me advantage and privilege and then parts of my identity that don’t give me advantage and privilege.” The same participant who did not give a label to her racial, ethnic, or national identities struggled with this question saying, “I feel like a patchwork quilt, so I don’t know if I can really answer my cultural context.” She detailed ways that by living in three distinct cultures there are influences in her culture that make her a “conglomeration” of many contexts. A white woman who was clear on the fact that her

community and culture of origin are very different from Latino culture said “I’m someone who sort of straddles the line a bit.” She spoke to the idea of wanting to participate in a culture that is unlike her own because it has more substance and richness. “I try to be more culturally aware and try to adapt what works from other peoples’ cultures and try to create something of my own.”

Community and Family Values. A sense of value in collective family and community connection were mentioned by several participants in discussing their own cultural context. One person was clear to say that valuing individualism was not a value to her family of origin or to the Latino culture, which helps her to relate more genuinely in her work with Latino clients. Biculturalism, as mentioned by two different participants, was found to define their broad experiences. Both male participants who talked about biculturalism and being “between cultures” emphasized the influence of understanding themselves and their biases, but did not try to claim that this made them “different.”

Social Work Identity. There were six respondents that directly mentioned their social work identity as something that informs their own culture. One participant talked about the idea of developing oneself and figuring out how to connect to a group for the benefit of all, and how this is vital in social work identity and practice. It was found that cultural identity and collectivist values helped connect this participant to social work as a profession. Another spoke of the privilege in being able to continually analyze, have space to self-reflect, and to value the process in life’s situations, not just the content. Through social work practice, being exposed to Spanish speaking clients from many different cultures and countries has an impact on another participant’s sense of culture, as well as framing social justice work as part of [her] culture. One person sees social work as a “subculture” that is part of her identity, and yet another talked about

framing identity within social work because of social justice, advocacy, and “accepting people for who they are and where they are.”

Social Privilege. For some participants their own recognition of their social privileges is a large part of their cultural identities. Specific reference from some white identified participants was to unearned white privilege.

“Regardless of how much I dislike racism, part of my life experiences have been about benefitting from being white, right? So part of my culture is about being connected to an identity that has also given me a lot of privilege at the same time.”

Repetitive mention of advanced education, professional status, academic vocabulary use, straightness, economic stability, mobility, travelling, Christianity, and the privilege of figuring out one’s own cultural context analytically were all findings here. Regarding participants’ understanding of non-privileges in their cultural identities, there was mention of questioning sexuality combined with Latino cultural norms, oppression in terms of sexuality, and religious traditions in a minority faith.

When asked how confident they are in their ability to understand what a client shares with them in Spanish not only linguistically, but culturally, five of the eleven participants began ranking themselves numerically, although they were not given a scale— the question was completely open-ended. The answers reflected on how, when, and why each individual learned and became fluent in Spanish. As some were immersed over time in very Hispanic environments or communities, with personal relationships and ongoing connections to native speakers outside of social work, their responses gave off that they were most confident in understanding the cultural aspects of communication in the Spanish language with their clients. Those who felt less confident, and ranked themselves with greater room for growth in understanding, responded that the linguistic focus was important, to catch the literal meanings in what a client says, and that the cultural, and even more emotional aspects, will come with more linguistic confidence.

Two responses fell exactly opposite to one another in discussing how they understand their own cultural understanding while working in Spanish with clients. One respondent referred more to linguistic competence when it came to feeling confident, but then described how possible it is to “miss out on a feeling....sometimes I lack connection with some of my clients ‘cause maybe I don’t have the feeling or I’m not getting the feeling or giving the feeling back to them.” Another respondent talked about “making up for” any linguistic discrepancies with picking up on emotions and what is being communicated based off of the client’s personal history and cultural context.

One response was very detailed in mentioning the ways in which anything she hears from a client will be “filtered” through all of her social identities, which are mostly dissimilar from those of her clients and hold more social privilege. This participant’s reflection on the processing and supportive consultation in social work practice informed the way she saw her own confidence when understanding culture through the Spanish language.

“My supervisor is a Latina woman...there is a lot of community that I learn in so when I’m taking in information from a client it’s also in this environment where I’m hearing and learning from my colleagues and other clients that I’ve worked with....There are probably things that I interpret a certain way and not kinda check it in and there’s gonna be some misinterpretation there.”

Findings from responses that discussed the participants’ own conceptualization of culture in their work with Spanish speaking clients fell into three groups with varying levels of connection to the operationalized definition of culture itself. In the second interview, the researcher unintentionally missed question this question, “how do you conceptualize culture in relation to your work with Spanish speaking clients?” This error in data collection and its subsequent response have been addressed in Chapter three.

Two categories encompass responses that 1) relate to culture as defined and conceptualized by the respondents, and 2) relate somewhat to the idea of culture, yet do not fully

detail a conceptualization of how culture applies to the work with Spanish speaking clients. One response did not provide a clear connection to how culture is conceptualized by the respondent, but rather gave an explanation about the barriers that Hispanic clients face in their daily lives and how this brings them to the point of social work intervention. This response fell into its own category. A common theme across categories, specifically in four responses, was describing the way a Spanish dominant client relates to the white, American social worker and its importance in conceptualizing culture. It was found that this impacts what the client is comfortable sharing and how they choose to share themselves with the social worker from the dominant racial group of the United States, and how clients respond to the perceived social identities of the social workers with whom they work.

“That...notion of...going and kind of finding what you need in other places.” By relating to the idea of culture, participants responded here with thoughts about cultural context shaping the work with Spanish speaking clients, in terms of history, racial perception and perspectives, and specific experiences in the clients’ country of origin. The description of immigration or migration experiences and how this has formed much of the culture, both past and present, of Spanish speaking clients was significant. One participant was clear on the fact that culture is always a part of working with a Spanish speaking client, but more so in that this is different than when seeing a non-Hispanic, English dominant client from the United States. The participant focused on the idea that the individualistic culture of the United States does not have the same “meat to it” that Latino culture has; she explained that there is an “overarching principle” that she keeps in mind as a cultural connection to Spanish speaking clients, uniting them altogether as one group with collectivist values. Another focused on the specific setting where she provides services, and expressed that it is a “multicultural bubble” where there are

various cultures within Latino culture that shape the atmosphere for culture. She compares the “multicultural appreciation” within the treatment setting to the “white normed” reality of the larger society, from which many of the clients’ issues, both macro and micro, stem; from the white “racist” world.

Without responding concretely to what culture looks like in her work, another respondent talked about the more abstract experience of culture for herself as a social worker and for the clients, too. Saying that there is “not a thought process I have, it’s just something I enter into....an experiential connection I have with them [Spanish speaking clients],” this respondent alluded to the concept of individual culture for the individual person, yet also responded with the idea that there can be a cultural connection with clients because of shared experiences and a common understanding of Latino culture more broadly. More generally, too, another participant spoke to the way that culture can relate to “biases and assumptions and beliefs we have etched into our ways, the stuff we take for granted as true or ‘natural.’” In relation to Spanish speaking clients, this participant was clear in emphasizing her own difference in cultural background from those who are native to Spanish, and how it is important in the work to “follow my client’s lead” in communication style.

The following findings are from responses were most clear in relating to the given definitions of culture and cultural competency in social work, and how they can be applied and conceptualized in the work. One participant related her conceptualization of culture immediately to cultural competence, as her own ethnic, racial, and class identities were very different from those of her Spanish speaking clients. There was direct connection to how values affect the daily lives of clients, how Latino culture at large is family oriented, religiously and spiritually oriented in most ways within the family, and how family support and survival comes before

individualistic decisions that are more in line with the dominant culture of the United States. This respondent, in noting her own cultural and social differences, was clear in explaining the need for self-checking biases that come from one's own cultural perspective. One participant connected culture to holidays and celebrations that stand out to her in the Latino community where she works, explaining that "people want to share [their cultural tradition] whether or not [you] identify with it" so that she, who is not a part of the dominant ethnic client population, can still partake in cultural experiences of Spanish speaking Latino clients. Another participant did agree with the general terms of culture, and how all aspects of it as an experience should be considered when conceptualizing work with Spanish speaking clients. This participant spoke to the necessity of this view "if you are going to provide services with care and dignity, especially considering the social justice component which is so important in social work practice." No other participant mentioned social justice, as a professional social work value, in this response.

Relating to how racial identity and social position can change and/or evolve over time and in different political environments, one participant was clear on discussing the differences between self-identification and society's label of identity, especially for Spanish speaking clients who have come to the mainland United States from a different country. She spoke to the significance of salient social identities within a person, and how there can be experiences of culture as "being part of something" and also how some identities might conflict with the "dominant beliefs" of a cultural group.

"How do I conceptualize culture in terms of working with them? Well I don't see that as something I can separate from them....I see it as part of the person....it's not like here is this person and here are these cultural considerations aside, I mean, they kind of embody it."

When respondents were asked if culture is a shared experience while working together with Spanish speaking clients, all but one participant answered on the side of "yes." Themes

found in these responses were about cultural sharing as a “learning experience,” awareness of differences, awareness of commonalities in culture, and literal sharing of cultural backgrounds and reciprocity. One participant, although responding that culture is a shared experience with Spanish speaking client, discussed the need to “play” cultural interpreter between Spanish dominant parents and English dominant children who are experiencing biculturalism in the United States. This response gave the sense that “dealing” with clients’ culture was akin to sharing it.

A Learning Experience. “I’m witnessing someone sharing their culture with me and learning, trying to learn with what it is and not judge it.”

Awareness of Difference. Several responses spoke to the awareness of cultural differences being a common denominator when working with a client who comes from a different culture than the social worker.

“When they are in my office I think that they get the sense that I, I’m with them in their culture while we are there. Because...we’re not there for me, I’m the American there, we’re there for them and I’m with them in their culture.”

This response elicits the idea that the client-centered approach is taken in terms of culture, too, not just for the personal issues being discussed in a clinical dyad. The following idea speaks to the way that the clinical work is set up from American, individualistic culture.

“I come with my cultural background, they come with their cultural background, but then in the office, it’s a whole other thing. I’d say in the office, it’s more my culture, my culture dominates....I do not do home visits but I’d be curious how that would shift it that much more onto other people’s terms....”

Awareness of Commonalities in Culture. Two responses spoke to the idea that there can be experiences of commonalities in culture between client and social worker, but that the social worker is the only one privy to that knowledge at certain points. Race, ethnicity, sexuality, and class all can have similarities with which the social worker identifies, which can help them connect with a client without the client knowing the exact similarities from which they

are connecting. Others discussed the common experiences and understanding that can come from past and present cultural experiences within the same cultural context as the client's own. The idea that culture cannot be separate from the client informs this response that "every time we have an interaction culture is at play." Another participant spoke specifically to the need for connecting when a client is in a new place: "...an interchange between two people you can see...when you're working with Latino clients that if you connect with them on any cultural level, especially recent immigrants, they feel a lot more comfortable."

Literal Sharing of Cultural Backgrounds and Reciprocity. In some cases or settings, introducing what the expectations, norms, and experiences of one's own culture is appropriate for connecting both from social worker to client and client to social worker; it was also found that self-disclosure for the point of simple cultural connection or understanding is acceptable and helpful.

The one respondent who gave an outlying answer to this question, in saying "no," culture is not a shared experience while working together, expressed the idea that cultural influences are unique to the many connections and experiences an individual has in their own context.

"We both exist within a context that could be [community name] in the U.S. and there are cultural things that are influencing both of us and it's very possible that were coming from completely— any random client and myself, we may be coming from completely different bicultural experiences."

It was found that if working in English with clients, regardless of their ethnic or racial identity, the view of "shared culture" while working together was different for some. Six respondents said "yes" that they viewed culture differently while working in English with clients than when they work in Spanish; three were in-between "yes" and "no" and gave examples of why it is sometimes different and why a shared culture is sometimes more possible in English as a native speaker. The one respondent who said that culture is not a shared experience while working together with Spanish speaking clients stayed consistent with this response regarding

work in English, and said that “no” he does not see this as different while working in English. Another respondent who did feel that culture was a shared experience with Spanish speaking clients said that “no” she does not view this differently when working in English.

Addressing subjective meanings of culture, each participant was asked to share if they felt differences in their own sense of culture when they speak in Spanish with their clients. Eight of eleven participants said that they do feel a difference in their own sense of culture when speaking Spanish with their clients. To illustrate why, one person spoke to the evolution of cultural identity across the lifespan as something that is influenced by all experiences.

“I don’t think my culture is this thing I was just born with and I just keep carrying it with me, right? Like ‘okay, here’s your social security number, you’re born, you get culture. Write out a brief description of culture on the back of your social security card.’ I’ve been highly influenced and impacted by people who I’ve spoken Spanish with....I know it has an impact on me.”

Two participants were caught in-between a “yes” or a “no” in this response, discussing how there are some ways in which their own sense of culture might change, but did not feel an overwhelming difference in themselves. “I try to connect more with that cultural identity as opposed to maybe where or what my [own] cultural identity would be. So, I think with them there might be a little bit of a shift.” Only one participant said that she does not feel any change in her own sense of culture while speaking Spanish with clients, and detailed her response with the idea of heightened awareness of the differences between the clients and herself, which are most evident while she is speaking her non-native language. This participant discussed the ways in which her own culture has made her more self-conscious about speaking perfectly, which is a conflict when she speaks Spanish.

Participants were asked to share whether they experience any differences in culture while working with Latino clients in Spanish versus working with Latino clients in English. Eight participants said “yes” to this, that there are differences and one person said “no.” Two

participants responded that this is variable, as the language and experiences of each client is so varied that responding to this on the basis of only language difference was too limiting. The main theme found across these responses was comfort levels— both of the social workers and the clients.

While discussing comfort of the clients, four respondents mentioned English speaking Latinos as “Americanized” and more assimilated or acculturated to the culture of the United States.

“People are very connected to their language so...if a Latino is speaking to me in English, in their comfortable language, it almost removes some of that full-on cultural identity that makes people who are Spanish speaking not comfortable in English.”

Relating to this idea of removing cultural identity, one respondent discussed her own love of the Spanish language and its inherent emotionality, as compared to English. She framed the English speaking Latino client as “sad” and disappointing. On the contrary, one participant related to the experience of a bilingual Latino client who would choose to use English over Spanish, feeling that he is more comfortable with this than in Spanish because of the expectation or pressure to speak Spanish perfectly as a Hispanic person.

One respondent was very focused on her own comfort level as a clinician in terms of linguistics. It was found in that response that the social worker feels better when speaking her native language, even with clients who can speak both English and Spanish; there was no mention of how this affects the clients who are using their non-native language in a therapeutic interaction. Another respondent gave the opposite finding, discussing the authenticity in approaching someone who is bilingual with their native Spanish. “The more I hear her [a client] speak Spanish, I get a different sense of her when she’s speaking her own language....she becomes more of who I really think she is.”

The outlying response that there is no difference in how culture is experienced with Latino clients in English versus Spanish also focused on comfort of the social worker. “Maybe the language is part of my cultural response, that’s the one thing I know I can connect with maybe more than the shared experience...it’s less about the client than it is about me.”

Similarly, participants were also asked to share if they experience culture differently while working in Spanish with Latinos who were born and/or raised in the United States versus those who have recently come to the United States. Nine participants had strong responses that these cultural experiences are definitely different between these two subgroups of Latinos. Two participants said that this varied, and that it is very dependent on the individual client or family circumstance. Themes of Americanization, “watering down” and dilution of culture, acculturation, and assimilation were prevalent in these responses. Several participants related to their own comfort levels and ease in working with Latinos born in the United States because of the automatic shared experience of American values in some aspect, whether clinically in the work, or on an institution or systemic level.

One participant, whose parents are Latino immigrants in the United States, stated that:

“For recent immigrants...there’s a stronger level of respect and humility I put forth....the ones that live their lives in the United States and are born here and are from parents of immigrants, I think I get really excited...maybe the way I would interact with my brother and sister....I know the experience my parents had in this country is much different than the experience I have had in this country.”

Others discussed the ways in which these differences in cultural experience change based on where Latinos are within the United States and how they operate within their own communities and in American culture at large. “It’s a pretty new phenomenon to have a Latino population here [in Georgia]. That’s a whole other level to adjusting for them to a place that hasn’t had generations of Latinos in places like Texas or California....”

“Does culture change? Recent immigrants deal with a lot of issues that are within immigrant culture, which is policy level and...slightly more fear-based culture. Whereas people that are not recent immigrants, who have been here for a while, have gotten accustomed to, that have kind of acculturated to American ways...or at the very least, Latino American ways (laughs)...changes kind of how interactions happen.”

Empowerment Theory

Participants were asked to describe their use of empowerment theory in practice with Spanish speaking clients. When asked if empowerment theory is something that they utilize in any way when working with Spanish speaking clients, six respondents answered that they definitely use it and are clear on its meaning. Three respondents were not familiar with the term itself, although two of them responded that they do use it based on their assumed definition of the term; one of these three said that she could not speak to her use of it because she did not know the term. One respondent stated that she knew the term generally, but was not “well-versed” in it. Lastly, one respondent was familiar with this theory but is not necessarily using it in practice. This same respondent did elaborate on what could be framed as empowerment based in his work.

“It’s important to acknowledge what I see, as a social justice issues, that immigrants are being targeted for...deficits in our society and they are being blamed and I think that’s not fair...I bring that into interacting with clients and not trying to be neutral about that ‘cause I think it’s part of their experience and often that might not be brought up by clinicians because of their own views or what they think or because it seems like something political not something to talk about....”

Participants were asked if empowerment theory is an afterthought while conceptualizing their work, or if it is present while interacting with Spanish speaking clients. Here it was found that the general understanding of this theory, or what it means to “empower” a client or group of people, was referred to by all participants.

“Empowerment theory, I don’t know how you work with any clients without that there all the time....My approach to clinical work is never that I am doing something for somebody else. It’s always about helping them find their own power, their own center. Their own ability to move forward with the way they like.”

“I know the meaning of the word empowerment....that’s hugely important in my work with clients in the room, it’s not like I muse about it afterwards....I assume that I am working with them to discover their own answers that make sense for them. That the answers or whatever they are struggling with, all that stuff lies within them.”

It was also found that in practice, especially in settings where quick decisions are being made by social workers, empowerment theory is often an afterthought in conceptualizing the work; participants who said that it is more of an afterthought acknowledged that it should be more present while interacting with clients in the moment. While responding that it is an afterthought, one participant described the process that he has had as a Latino social worker in using himself as an experience of empowerment with Spanish speaking clients.

“...there’s this afterthought just knowing that this client has experienced a Latino Spanish speaker being in a helping professional, caregiving role and that’s something that is possible and its...a potential outcome for people....that kind of reminds me of empowerment...that their culture [has] the strength.”

Three participants responded that it is both an afterthought and present in client interactions, as it helps to inform both formulation of a case and intervention. One participant said that depending on program facilitation, empowerment may not play as central of a role as it should, because it should always be present in practice.

Professional Social Work Values and Ethics

As the final interview question, every participant was asked to respond to the following question, “Is there ever a time in your Spanish social work practice where you experience Latino cultural norms to be contrary to your professional social work values?” It was found that on the surface, four participants said yes, four said no, and three answered both yes and no, or discussed ambiguously why a yes or no was not possible at the time of answering. Central themes found here came from the responses themselves, but also from the connection to stated social identities of those who answered, which will be discussed further in Chapter five. Several responses fell

into thematic categories of “ethically sound and safe,” “lack of awareness to biases,” and “linguistic and cultural connections to social work.”

Ethically Sound and Safe. These responses reflected the idea that Latino culture does not have something that is uniquely their own that would come against social work values or ethics. Respondents referenced the fact that other cultures or groups could share the same challenging characteristics, which would then negate the notion that something a Latino client or population has exhibited in connection to their culture is a “cultural norm” that is contrary to social work values or ethics. Respondents who answered in this way were very careful in their wording, which showed how in touch they were in referring to social work ethics that remind social workers to check their own biases.

Lack of Awareness of Biases. Several answers were geared toward calling out Latinos on cultural nuances that are not acceptable in the United States. It was clear that these respondents were singling out Latino culture as something foreign and dissimilar to any idea remotely American, and in comparison, that social work values and ethics are inherently American values. These responses shared findings that social problems and public health issues like domestic violence, child abuse, and sexism against women are specifically Latino cultural norms.

Linguistic and Cultural Connections to Social Work. Two responses gave clarification on how certain Latino cultural norms of spirituality and religion, and of respect for authority, professionals, and elders, relate to contradictions to social work values and ethics. One respondent referenced human powerlessness, “fatalism,” which is embedded in spiritual beliefs and practices that defer power to God, as contrary to the social work value of change. While

spirituality and higher power is certainly not unique to Latinos, this respondent felt that it was something that is inherently part of many Latinos' interpretation of their own culture. This respondent also questioned whether or not the rejection of fatalism and prospect for change are really connected to American cultural values more broadly, which are in theory secular, thus being in opposition with the spiritual connection in Latino culture. Another respondent discussed the Spanish language meaning of the therapist or clinician as an "advice giver," which goes against the idea of empowerment and self-reflection as social work values. The response went on to address personal change process and the client's agenda, not the therapist's, as the base for any clinical social work collaboration, and that the social worker should facilitate empowerment, not be an expert about what decisions the client makes. Here, the idea that change and personal responsibility are part of social work goes against the Latino cultural norm, associated with a belief in God as almighty, that humans cannot control their own destiny.

CHAPTER V

Discussion

Questions around race, ethnicity, and culture can be intimidating, off-putting, and even undesirable when asked without notice. Regardless of the environment or how they occur, having discussions around these topics is thought provoking. Social workers have a unique position in exchanges around social identities and the role they play in the lives of struggle and privilege, as the training and academic vigor around examination and understanding of them within oneself and in the world around them is a principal focus of the Master of Social Work experience. Social workers are known for having a working knowledge of how to discuss issues of identity and social positions with some neutrality and objectivity. Throughout the qualitative interviews in this study, the researcher subjected each participant to on the spot personal and professional reflection about culture, race, and social positions in order to glimpse at the unfiltered responses and reactions to questions about their practice with Spanish speaking clients. Although participants have a hand in power as native English speakers practicing in the United States, they also open themselves up to a somewhat vulnerable place by engaging with clients in their second language, where the client often has more expertise and comfort. By participating in this study, participants allowed for critical examination by the researcher, but also for a chance to be further introspective in their own right as social work practitioners working in their second language. This chapter will discuss noteworthy findings of the study, the ways that the findings of this study have formed new questions for the researcher, implications that this study has for social work practice and education, and areas for future research.

“Insider” Stance. It is significant that both participants who identified as Latino/a came to express instances where they have experienced Latino cultural norms to be contrary to their

professional social work values. Neither response spoke to concepts, practices, or ideas that are uniquely Latino, however both responses acknowledged that the issues at hand are widespread amongst traditional Latinos, relating to child rearing and to spirituality. When one participant talked about “change” as a social work value, it seemed clear that any other issue that he or any other participant presented could come into conflict with the idea that change is possible for anyone, at any time, with empowered feelings and state of mind. It is noteworthy that these responses came out very naturally for both participants, in terms of the pace of their speech and the confidence in their voices. Not unlike responses that came from non-Latino participants giving examples of conflicts in their experience, these responses were directly related to general trends that occur amongst Latinos, and many other cultural groups. There is a sense that both Latino/a participants felt safe in discussing the issues because they could relate to them from the insider’s standpoint; they were not holding themselves either above or below those from this cultural group because they identified with being a part of it.

The one Hispanic identified male in the study rejected the researcher’s operationalized definition of cultural competence, on the basis of “highlighting...about compliance as opposed to...understanding clients.” The response also went onto say that “I feel like cultural competence is brought up just when we’re talking about populations that aren’t like, white dominant...” In accordance with this response, the researcher had difficulty with composing a definition that accurately encompassed what cultural competence really has the potential to be in the field of social work, as opposed to how it looks in a medical or purely psychiatric model of working. The idea that cultural competence is an ongoing process, and not a learned set of skills that one can acquire in training (Lum, 1999), was essential in reviewing the literature and conducting this study; cultural competence has been a concept in the helping professions for

decades, yet its evolution has only come so far while existing in fields that are white and middle-class dominated in the United States. By discussing the ways in which this definition— which speaks to inclusion of all social identities, cultural issues, and elimination of barriers to ensure sound client participation in programs and systems, the respondent felt that there was room for improvement in not only the definition of this term but the use of this term and its agenda in social work practice and education.

“Outsider” Stance. In some cases, those who did not identify as Latino or Hispanic wanted to get answers “right” and not risk being offensive or saying something that would portray them in a judgmental or insensitive light. However, even in this regard there were responses that inadvertently showed signs of “othering” when discussing culture, and when discussing ways in which Latino identity was being compared to or held up against the standard of a white, American identity. In this sense, some responses were indicative of invisible privilege.

There was little reflection on how the dominant culture of the United States has limitations and deficits, too, and how those can sometimes conflict with social work values or inform those values instinctively, without considerations for all of the cultures and traditions that are now making up the population of the United States.

“With some fathers [and] adult males who are challenged with the idea that their wife or child might want to make some decision that...they are opposed to....That’s very challenging for me because...it’s a pretty macho culture in general and again, the further South American in some ways it tends to get worse it seems to me.....Women who have been...sexually abused who have seen a lot of trauma and violence and that is just what their lives are like, that’s what their mothers’ lives were like, that’s what their aunts’ lives were like, that’s what all their friends’ lives were like, and they just want to help their daughters be, be less American. And basically subscribe to that, you know, ‘be quiet to get along with everybody.’”

Another participant also spoke to “machista” values in Latino culture, of both men and women in relation to domestic violence and parenting issues when raising children in the culture of the

United States. Interestingly, both participants with these responses felt free to ascribe male dominance as a cultural trait or value specific to Latinos; this is not consistent with the way almost every ethnic group or society has existed throughout time, where men have had more power than women in all groups or places. It seems that in part, one angle of the outsider stance on Latino culture revealed in invisible American privilege that has warped the subconscious of white Americans in particular, to think that the values and ethics in social work are uniquely American, and that situations that conflict with them are specific to “other” groups.

From another outside view, “it’s a very individual basis through which you might be challenged by something you believe in but I wouldn’t associate that with one cultural group or another.” By stating that this type of conflict within a social worker would have to be sparked by an isolated experience, this response steers clear of pinning the discrepancy to Latino cultural values.

“There are things I’ve discovered in working...in the Latino communities, things that were in contrast to my practice or my ethics or my values in my practice but it wasn’t because of their Latino identity.....things I come up against aren’t specific to them being Latino or a Latino norm....aren’t the norms to a given community.” “...when I’m working with a client and I’m encountering something that’s in opposition to my ethics I just am not sure I can define it as part of their Latino identity because it’s not something that I haven’t seen in other communities. Do you see what I’m saying?”

While the “safe and sound” stance that this response takes is perfectly in line with bias checking and awareness that social work ethics promotes, it also leaves room for question about how Latino clients have challenged any values or ethics for this respondent and what the respondent did to professionally manage any conflict. It is encouraging to find that a white, native English bilingual social worker has this attitude towards culture and Latinos at large, by not putting an entire ethnic group into one box and closing the top on situations or “norms” that are disagreeable; it is equally as refreshing to know that there are still views in the field that could

use more bias checking and reflection and that the results of this study may facilitate the implementation of such work within social workers themselves.

The one participant who identified with citizenship in both the United States and Perú had a unique way of understanding cultural connections between Spanish speaking clients and social workers, as he was the only participant to say that culture is not a shared experience while working together. Is this non-Latino, Latin American citizen an “insider” or an “outsider” when discussing Latino culture and identity? Is it necessary to classify him, or any others in this study, either way? It could be useful, and more appropriate, to let the dichotomy lay to rest and allow for some ambiguity and cultural movement in defining who says what about culture, practice, and the interweaving of culture into practice.

Racism and Identity. As participants reflected on their own conceptualizations of culture, many shared a sense that all Hispanic and Latino cultures are the same, and that Americans are so individualized in comparison to Latinos that there is no one way to see American clients, but there is a set way to see Latinos. This subtle racism highlights the idea that more self-reflection is needed for some participants, or in some areas of practice, about how genuine intervention cannot happen without seeing a client for the individual cultural experience that they are. Not seeing Latino clients as individuals, but seeing them as part of a whole group, may seem like it is in line with cultural values of family and community togetherness and well-being, yet it is not enough when conceptualizing who an individual or family is when presenting their own unique situations and struggles.

When asked to identify racially, ethnically, and nationally, there is one response that all participants could have given across the board, which is that they are all United States citizens at

this time. The outlying response that one participant gave, that she could not identify herself through the lens of race, ethnicity, or nationality, does not take ownership of any privilege, or oppression, that is factored into all social identities. By not answering this way, there is no ownership of how many different cultural experiences came to shape who or how someone identifies currently. In another response that did take ownership of the white race identification, the respondent essentially characterizes other groups that are not white as exotic and “more interesting” than her white race [privilege]. The fact that this is literally a laughing matter to the respondent demeans the idea that white people, especially white social workers, should continually examine their own unearned privilege in society and the field so that they can better understand their own experiences from their social position of relative power. In relation to working with Spanish speaking clients, many of whom are not white and many of whom are migrants or immigrants to the mainland United States, there is a need for power dynamic exploration, especially in the dyad between native English social worker and native Spanish client, whether in a clinical or systemic programmatic setting.

Who Speaks Spanish as a Second Language? As participants were exposed to Spanish in a variety of ways and settings, it became obvious that some had more personal or familial connections to the language, which undoubtedly affects their views on culture and how culture is played out between social workers and clients in Spanish, whether seen as a shared experience or not. Furthermore, the sample of this study was not diverse in terms of race. As nine of eleven participants identified racially as white or Caucasian, one did not identify at all with race, and one identified as non-white Hispanic, this study would show that those who are using Spanish non-natively in the field have had some form of privilege that got them to learn Spanish, albeit in diverse settings. There were no black or African American participants, no Asian Americans,

and no immigrants to the United States who have learned Spanish. Who is exposed to formally learning this language to the point of professional competency? Seventy-two percent of the respondents learned Spanish in a study abroad or immersion program in another country; who has easier access to this in their college years and onward? White college students make up 78.7 percent of study abroad students (Keathley, 2012), with Hispanic students at 6.4 percent, Asian students at 7.9 percent, and black or African Americans falling at the lowest place of 4.7 percent of the study abroad breakdown (Keathley, 2012). Females are studying abroad at a rate almost double that of male students (Keathley, 2012). There is great privilege in being able to travel abroad, regardless of how it was funded or what connections were established to arrive there. It is not surprising that these statistics look like they do, yet it is bothersome that they are easily reflected in the sample of this study by way of understanding who gets to leave the country to immerse themselves in “other” cultures.

In this same vain, this sample was majority female, which mirrors the composition of the field as dominated by women—white women. How are bilingual white women social workers emulating one another in the field to connect best with Spanish speaking clients? In many responses, there was an underlying, or in some cases blatant, tone of defensiveness in talking about how culture is conceptualized in practice with Spanish speaking clients. The researcher experienced several participants as self-justifying with their answers, and in some questioning of why the researcher was asking such “abstract” or “general questions.” A theme that emerged from these unspoken attitudes relates to the idea of being protective of one’s clients, in a way that makes the social worker out to be someone who knows them best and knows what is best for them. In this light some participants were often protective of their work, of their methods of practice, and of how they “deal” with issues in their Spanish speaking practice. However,

“helping” oppressed groups or clients (Goodman, 2011) is contrary to empowering them. Some of the same women who spoke defensively or all-knowingly about what it is like to work with Spanish speaking clients also spoke to the idea of empowerment being central to the work.

Motivation for Spanish Social Work. The researcher was curious as to why participants choose to work with Spanish speaking clients in their social work practice, for being able to speak Spanish as a second language does not obligate one to use it in their work, especially in the intimate clinical work carried out by the majority of the participants. The researcher did not ask this question directly, yet in evaluation of the study, this would be an appropriate question to ask those who qualified. For some participants the reasoning here was very salient within their responses and discussion of what it means to them to be engaging in this work, especially those who work primarily with Spanish speakers and in Latino dominated communities. It is clear in the findings of this study that there is a difference in the conceptualization of cultural experiences for those who work primarily in Spanish with Latinos than for those who are seeing them on a less frequent basis in or in smaller quantities. There is a correlation between having a better grasp on how macro and micro social work implications relate to Spanish social work practice at large, working in economically disadvantaged communities, and working with socially oppressed populations of Latinos.

Implications for Social Work Practice and Education

As presented in the findings of this study, responses to the questions about macro and micro implications in current practice settings were varied amongst participants, and there was a focus on the similarities in responses among those who work in majority Latino agencies or agencies who serve majority Latino and Spanish speaking clients. These six respondents had much more integration of macro and micro without hesitation; this signifies the all-encompassing

view of social policy and clinical work in a more holistic approach to the social work practice with these clients and in these settings. For those who are working with majority Latino clients, the goals and missions of their positions within these settings are tied into both macro and micro implications as well. This brings up the idea of population-based care, as the social workers, especially those who are working as clinicians, are more aware of the environmental and social factors in the greater community from which clients are coming, and then able to conceptualize the need for services and the responses from clients in a specific way as it relates to that community.

In several interviews, participants had trouble understanding some basic social work jargon, and either asked for clarification or gave responses that did not always address the terms in the questions themselves. What does that mean for social work education and training? It was clear that some participants have extensive experience in the field, and that perhaps their vocabulary stemming from academia or new literature is not updated, however, the need for a working knowledge of these terms seems necessary when considering an evolving or open-minded view of social work practice itself. As a graduate student the researcher is currently connected to the jargon and literature in a way that may fade when immersed in practice only, yet it seems that there is some connection between those who responded to these questions with more difficulty and those who responded to questions of culture and identity with less substance and precision. Is there a lack of attention to the work when it comes to understanding social identities, cultural issues, and social positions for those who have fewer ties to macro practice and social policy understanding? There is a need for social work education to bridge this gap, particularly for bilingual social workers preparing to engage with non-native English clients.

There was some acknowledgement or explanation as to the barriers that are being addressed by engaging with clients in Spanish. Yet, Spanish speakers will be weary at first, especially when the social worker *appears* not to be Latino or Hispanic, because in many places these clients are not used to the option afforded to them in their native language.

“...on average like two Spanish speaking clients per month and if I’m engaging with them, probably one of them I’m engaging with in Spanish. And that’s usually because...it’s a just a whole system that doesn’t necessarily have Spanish speaking staff at first so they’re used to talking in English with providers.”

This speaks to the idea that bilingual clients native to Spanish may use English out of habit in a social work interaction, but also lends itself to the notion of using their second language as a defense (Buxbaum, 1949; Greenson, 1950; Krapf, 1955; Marcos, 1973; Marcos & Alpert, 1976) to keep themselves more guarded about intense issues happening in a place like a crisis center or mental health clinic.

In educating and training bilingual Spanish-English social workers, there needs to be an ongoing conversation about how language does factor into the defenses of a bilingual or multilingual person, whether it is occurring for a client or the social worker. There needs to be more of an effort to schools of social work to recruit and train bilingual professors and supervisors that can focus on the ways this happens in clinical, mezzo, and macro work, and how social workers can learn to address it for themselves and with clients to create more open spaces that look at language and culture as parts of a whole experience in social work intervention. The current study sheds light on the fact that social workers using their non-native Spanish in the field have not always been trained or educated with their use of Spanish at the forefront, which means there is room for improving the ways in which cultural and linguistic considerations are happening from the start.

Areas for Future Research

Native Spanish Bilinguals. The initial recruitment letter was emailed out by the researcher to many individuals who would not qualify for the study, but who were known to have access to others who would qualify. Two emailed responses and one telephone call came back to the researcher relating to the possibilities of future research on this topic. A native Spanish bilingual Spanish-English social worker suggested to the researcher that another study could address the ways in which native Spanish bilingual social workers struggle with practicing in Spanish when they have received an English only social work education, and have been English dominant throughout their academic and professional lives while being raised in the United States. This social worker indicated that it is problematic for social workers who are native to Spanish, bilingual, and Latino to be cast into roles where they are assumed to be experts in the Spanish language, all aspects of Latino culture, and connecting with Spanish dominant clients.

Another native Spanish bilingual Spanish-English social worker who received the recruitment letter was not convinced that the researcher would find participants. This person joked about the existence of these native English bilingual Spanish-English social workers, and wondered if there were really social workers out there who met that criteria and worked with Spanish speaking clients. This comment speaks to the lack of awareness amongst social workers at large that Spanish social work services are being provided by those who are not native to the language, and who practice with varying degrees of linguistic competence and cultural awareness or “competence.” A native Spanish bilingual Spanish-English human service provider responded to the recruitment letter with comments about culture being so tied into political struggles and histories, as well as social policy, that it is impossible for a social worker native to the mainland United States to fully grasp how an immigrant or migrant to this country

experiences their culture when in a new land. This person encouraged the researcher to look for ways to address this in further research about bilingual social work with Latinos. All of this commentary came from individuals working in major cities in the United States. It seems that even in large urban areas where the client populations and social work provider populations are most diverse, social workers themselves are not confident in their profession's ability to appropriately address issues of culture and linguistic competence in practice.

Need for the Macro Perspective. Of all of eleven participants, who all have a Master's level social work degree, only one person works as a mezzo social worker and is not in a clinical role. While this is a piece of data in itself, it also contributes to the point that there is a current lack of academic literature addressing bilingual Spanish-English macro and mezzo social workers; this was discussed in Chapter two. Spanish speaking clients, many of whom are immigrants to the United States, are affected by social policy in their everyday lives, much of which can limit and or dictate where, how, and amongst whom they can live and work in the United States, and where or how they can access and receive social work services.

The need for bilingual Spanish speaking social workers to operate at the macro or policy level is great; from policy analysis in state and federal government agencies to designing and maintaining child welfare and educational supports in local municipalities, Spanish speaking macro social workers have a hand in creating how and where clinical social workers practice. Running community based programs in mezzo or administrative positions is common amongst macro social workers and the prevalence of community programs aimed towards Latino populations is large in urban areas where bilingual social workers need to fill these positions to best cater to the Spanish speaking communities. Future research could explore how macro and mezzo social workers who work bilingually in Spanish and English are experiencing culture in

their decision making efforts in community, state, and federal programs in relation to policy analysis and funding in Latino communities. The current study was not intended to focus on one type of bilingual social worker; however the thematic findings did dance around the clinical aspect of the work much more than the macro due to the practice experiences and training of the majority of participants.

Conclusion

As the current study shows, cultural competence is an ongoing process and culture is not stagnant; findings show that native English bilingual social workers do understand culture to be a myriad of circumstances, traditions, and practices that are individually and group based, and that it can evolve over time with the influences of life experience. Linguistic competence is linked to cultural competence, but one does not guarantee the other in bilingual Spanish-English social workers native to English. While culture is understood here to be very unique to individuals and groups, conceptualizing it through experience often showed that individuality is lost and becomes more generalized by participants of this study. The use of this study by social workers who work with Spanish speaking clients, in Latino communities, and with colleagues who engage in bilingual work has the potential to facilitate a move towards population-based and culturally focused care where Spanish speaking clients are the focus of their own social work services and interventions without the additional burden of finding Spanish speaking social workers who understand both language and culture.

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Appendix A: Human Subjects Review Board Approval Letter



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

January 25, 2013

Audra Winn

Dear Audra,

Thank you for making all the requested changes to your Human Subjects Review application. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Best wishes for a speedy data collection.

Sincerely,

A handwritten signature in cursive script that reads "Marsha Kline Pruett".

Marsha Kline Pruett, M.S., Ph.D., M.S.L.
Vice Chair, Human Subjects Review Committee

CC: Danna Bodenheimer, Research Advisor

Appendix B: Informed Consent Form

Informed Consent Form

Dear Participant,

My name is Audra Winn and I am a graduate student at the Smith College School for Social Work in Northampton, Massachusetts pursuing my Master's in Social Work Degree. I am conducting a research oriented study about cultural conceptualizations of bilingual Spanish-English social workers who speak English as a first language. The purpose of the study is to explore the ways in which culture and an in depth understanding of it shapes social work practice with Spanish speaking clients. It is important to understand how bilingual social workers are experiencing culture in the field. The data collected in this study will be used for my Master's thesis and possible future publications and presentations.

You have received this letter because you are a potential candidate for my study. Involvement in the study includes participating in a one hour interview on the telephone with me, the researcher, to talk about the ways in which you understand and experience culture in your Spanish social work practice. To participate in the study you must: a) be a currently practicing clinical or macro social worker in the United States with a Master's in Social Work degree, b) be bilingual in Spanish and English to a point of fluency in both languages, c) identify that English was first spoken language, d) be currently employed in a social work job in a public or non-profit agency, educational, or medical setting, or in a clinical private practice setting where Spanish language skills are used with one or more clients who speak Spanish as a primary language, and e) be able to speak to the value and/or presence of cultural competence in social work practice. If you do not meet all of these criteria you will not be eligible to participate in the study. Participating in the one hour telephone interview will be the bulk of time spent in this study; the researcher will send all preliminary information about the study before the interview process via email; reading these will take less than thirty minutes of your time. The telephone interview will be recorded by me with a standard audio recorder; no one else will hear your interview as it is happening. A professional transcriber signed to confidentiality will transcribe your interview after it is conducted.

Risks

Minimal risk is expected from participating in this study. In the interview process you might experience mild distress regarding the sensitivity around identity, language, culture, and your own skills when it comes to working co- and cross-culturally in social work practice. You may feel exposed when being asked to answer questions on your experiences with Spanish speaking clients, particularly if you have had negative outcomes or unresolved conflicts pertaining to the work. The guarantee of confidentiality will ensure that your responses are confined to the parameters of this research. As a social worker, you have the tools at hand to debrief in an appropriate and therapeutic manner with another professional if you feel that is necessary. A referral list will not be given.

Benefits

By participating in this study you may experience a shift in thinking in regards to culture and how it pertains to your own work and the field of social work at large. This shift would presumably be more open-minded in light of being self-reflective and critical in answering the interview questions. You may find this to be useful in framing your own role as a bilingual social worker working co- or cross-culturally in Spanish, as well as potentially useful in your particular occupational setting where services are being offered in Spanish and English. You will not be paid for your participation in this study, nor compensated in any other material way. This benefits the authenticity of the study in its voluntary nature.

Confidentiality

All telephone interviews will be audio recorded by me, the researcher. The audiotapes for each interview will be listened to by me and subsequently transcribed by a professional transcriber. After transcription all data will be coded and analyzed by me. Both the researcher and transcriber will listen to the audio recordings in private to protect your confidentiality. The transcriber will sign a confidentiality pledge before beginning transcription. The transcriber will not be allowed to take or use the data in any way other than in transcription. Confidentiality will also be protected by presenting the data in the aggregate in professional publications or presentations, without reference to identifying information or characteristics. All electronic and paper data, audio recordings, consent forms, and research notes will be kept secure in my personal office for a period of three years as stipulated by federal guidelines, after which time they can be destroyed or continued to be maintained securely. My research advisor, Danna Bodemheimer, DSW, LCSW, will also have access to the data collected. She is also held to the same confidentiality standards as I am and the transcriber will be when reviewing any data collected from interviews. Any use of quotations in the final presentation of thesis paper or any publications or presentations will be used to illustrate thematic findings in the research and will not contain any identifying information and will be carefully disguised. As the interview process will ask you to discuss your social work practice, it is important to protect the confidentiality of your clients as well; please do not share names or identifying information when discussing clients in the interview.

Voluntary Nature of Participation

Participation in this study is voluntary. You may withdraw from the study at any time during the data collection process and you may refuse to answer any question in the interview process. You may withdraw at any time during the interview process if you cannot tolerate the interview itself. There is no penalty for withdrawal from the study. After participating in an interview, you may contact me via email or telephone for follow-up at your own will for *up to five days after the interview*. If you contact me for follow-up during this five day window, you may ask me not to include your interview and its data in the findings, however, after these five days I will use all data collected from the interview. If you do choose to withdraw from the study, all materials pertaining to you will be immediately destroyed. Should you have any concerns about your rights or about any aspect of the study, you are encouraged to contact me, the researcher, via email: awinn@smith.edu or the Chair of the Smith College School for Social Work Human Subjects Review Committee by phone at 413-585-7974.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE

OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Signature of Participant

Date

Signature of Researcher

Date

Please keep a copy of this form for your records.

Thank-you for your time and participation in this research!

Audra T. Winn, M.S.W. Candidate

Smith College School for Social Work

Appendix C: Recruitment Letter

Dear Friends,

Many of you are aware that I am working on my Master's degree thesis as I pursue the Master's of Social Work degree. This research involves conducting an exploratory study around how bilingual Spanish-English social workers who are native to English conceptualize and experience culture in their social work practice with Spanish speaking clients. **You are receiving this email because you, or someone you know, may qualify to participate in my qualitative research study.** To be eligible for participation one must meet all of the following criteria:

- have a Master's degree in Social Work
- be currently practicing clinical or macro social work in the United States
- be bilingual in Spanish and English
- identify that English was first learned/spoken language
- be currently employed as a social worker in a public or non-profit agency, educational, or medical setting, or in a clinical private practice setting where Spanish language skills are used with one or more clients who speak Spanish as a primary language

I am looking for potential participants to engage in an approximately one hour interview with me over the telephone. If you meet these criteria and are interested in participating, **please contact me directly by either responding to this email at [researcher's email address] or by calling [researcher's phone number].** If possible, **please forward this email** to any acquaintances or colleagues you know of who may eligible to participate. **Forwarding this email to other potential participants would very helpful** to the research process!

By participating in this research, participants could experience an open-minded, self-reflective shift in thinking regarding culture and how it pertains to social work at large. Responses could also provide participants with ongoing ways of framing their own roles as bilingual social workers in co- and cross-cultural work in Spanish, as well as potentially finding ways to use their bilingual skills in culturally attuned ways in their specific occupational settings. **All involvement and participation in this study is confidential.** I will send all eligible, interested participants an Informed Consent form that details the voluntary nature of participation and agreement of confidentiality after they have contacted me and indicated interest in the study.

Thank you for your time and assistance!

Sincerely,

Audra T. Winn, MSW Candidate
Smith College School for Social Work

Appendix D: Qualitative Interview Questions

1. How long have you been a social worker and in what sector and setting do you practice?
2. In what settings do you or have you practiced social work with Spanish speaking clients?
3. With what modalities do you practice this social work in Spanish?
4. Can you describe the macro practice implications of the setting where you currently practice social work?
5. Can you describe the micro or clinical practice implications of this setting?
6. Would you say that the goals and mission of the setting in which you practice are aligned with biculturalism?
7. Would you say that the goals and mission of the setting are aligned with Latino cultural values?
8. Can you explain your answer?
9. In terms of how you identify, how do you racially, ethnically, and nationally identify currently?
10. Are there any aspects of your social identities that influence how you see your work with Spanish speaking clients?
11. Could you speak to that in terms of religion and spirituality?
12. How long ago were you first exposed to Spanish?
13. Where were you first exposed to learning the language?

14. How did you ultimately become fluent in Spanish?
15. For how long have you been using Spanish with clients in social work?
16. How many clients are you generally working with in Spanish at one time?
17. Could you describe how your own linguistic comfort level is when working in Spanish with social work clients?
18. Is that comfort level different from when you first began working with clients in Spanish?
19. I am going to share an operationalized definition of culture and cultural competence with you. Culture is a product of group values, norms, and experiences, as well as experiences of individual innovations and life histories⁶; it is a process where views and practices are affected by social transformations, social conflicts, power relationships, and migrations.⁷

Do you agree or disagree with this definition?

Cultural competence does not only relate to ethnicity, nationality, religion, or race; it is attuned to all cultural issues, including gender and sexual orientation⁸. It also relates to culturally adapt information in programming and getting rid of barriers to client participation in programs and systems⁹.

Do you agree or disagree with this definition?

⁶ Guarnaccia, P.J. & Rodriguez, O. (1996). Concepts of culture and their role in the development of culturally competent mental health services. *Hispanic Journal of Behavioral Sciences*, 18(4), 419-443.

⁷ Geertz, C. (1973) *The interpretation of cultures*. New York: Basic Books. And Good, B.J. (1994). *Medicine, rationality, and experience: An anthropological perspective*. Cambridge: Cambridge University Press. In Guarnaccia & Rodriguez, 1996.

⁸ Johnson, M., Noble, C., Matthews, C., & Aguilar, N. (1999). Bilingual communicators within the health care setting. *Qualitative Health Research*, 9(3), 329-343. DOI: 10.1177/104973299129121893.

⁹ Ugal, L. (2006). Organizational cultural competency: Shifting programs for Latino Immigrants from a client-centered to a community-based orientation. *American Journal of Community Psychology*, 38: 251-262. DOI 10.1007/s10464-006-9075-y.

20. Based on the given definition of culture, how would you describe your own cultural context in terms of identity and experience?
21. How confident are you in your ability to understand what a client shares with you in Spanish not only linguistically, but culturally?
22. How do you conceptualize culture in relation to your work with Spanish speaking clients?
23. Is culture a shared experience while working together?
24. Could you say why you view it this way?
25. Is this different from how you view culture when working in English with clients, regardless of their ethnic or racial identity?
26. Are there differences in how you experience culture with Latino clients in Spanish versus working with Latino clients in English?
27. Do you feel a difference in your own sense of culture when speaking Spanish with clients?
28. Are there different experiences of culture while working in Spanish with Latinos who were born and/or raised in the United States versus Latinos who have recently come to the United States?
29. Is there any theoretical perspective or way of working with Spanish speaking clients that you tend to prefer?
30. Is empowerment theory something that you utilize in any way when working with Spanish speaking clients?

31. Is empowerment theory ever an afterthought while conceptualizing your work or is it present with you while interacting with Spanish speaking clients?
32. Can you say more about that?
33. Is there ever a time in your Spanish social work practice where you experience Latino cultural norms to be contrary to your professional social work values?

Appendix E: Transcriber Assurances of Confidentiality

Transcriber Assurance of Research Confidentiality

Statement of Policy

This research study is firmly committed to the principle that the research confidentiality must be protected. This principal holds whether or not any specific guarantee of confidentiality was given by respondents at the time of the interview. When guarantees are given, they may impose additional requirements which are to be adhered to strictly.

Procedures for Maintaining Confidentiality

- All volunteer or professional transcribers for this project shall sign this assurance of confidentiality.
- A volunteer or professional transcriber shall be aware that the identity of participants in research studies is confidential information, as are identifying information about participants and individual responses to questions. Depending of the study, the organizations participating in the study, the geographical location of the study, the method of participant recruitment, the subject matter of the study, and the hypotheses being tested may also be confidential information. **Specific research findings and conclusions are also usually confidential until they have been published or presented in public.**

It is incumbent on volunteers and professional transcribers to treat information from and about research as privileged information, to be aware of what is confidential in regard to specific studies on which they work or about which they have knowledge, and to preserve the confidentiality of this information. Types of situations where confidentiality can often be compromised include conversations with friends and relatives, conversations with professional colleagues outside of the project team, conversations with reporters and the media, and in the use of consultants for computer programs and data analysis.

- Unless specifically instructed otherwise, volunteer or professional transcribers upon encountering a respondent or information pertaining to a respondent that s/he knows personally, shall not disclose any knowledge of the respondent or any information pertaining to the respondent's testimony or his participation in this study. **In other words, volunteer and professional transcribers should not reveal any information or knowledge about or pertaining to a respondent's participation in this study.**
- Data containing personal identifiers shall be kept in a locked container or a locked room when not being used each workday in routine activities. Reasonable caution shall be exercised in limiting access to data to only those persons who are working on this research study and who have been instructed in the applicable confidentiality requirements for this study.
- The researcher for this study, Audra Winn, M.S.W. Candidate, shall be responsible for ensuring that all volunteer and professional transcribers involved in the handling of data are instructed in these procedures, have signed this pledge, and comply with these

procedures throughout the duration of the project. At this end of this project, Audra Winn, M.S.W. Candidate, shall arrange for proper storage or disposition of data, in accordance with U.S. federal guidelines and Human Subjects Review Committee policies at the Smith College School for Social Work.

- Audra Winn, M.S.W. Candidate must ensure that procedures are established in this study to inform each respondent of the authority for the study, the purpose and use of the study, the voluntary nature of the study and the effects on the respondents, if any, of not responding.

Pledge

I hereby certify that I have carefully read and will cooperate fully with the above procedures. I will maintain the confidentiality of confidential information from all studies with which I have involvement. **I will not discuss, disclose, disseminate, or provide access to such information, except directly to the researcher of this study,** Audra Winn, M.S.W. Candidate. I understand that violation of this pledge is sufficient grounds for disciplinary action, including termination of professional or volunteer services with this study, **and may make me subject to criminal or civil penalties.** I give my personal pledge that I shall abide by this assurance of confidentiality.

CARLY S. IANUZZI

Print Name of Transcriber

Carly Ianuzzi

Signature of Transcriber

2-2-13

Date

Researcher: Audra T. Winn

Audra Winn

Signature of Researcher

02/02/13

Date

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Shawna Hershberger

Print Name of Transcriber

[Signature]

Signature of Transcriber

2/5/13

Date

Researcher: Audra T. Winn

[Signature]

Signature of Researcher

02/05/13

Date

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Aramie Brooks-Salzman

Print Name of Transcriber

Aramie Brooks-Salzman
Signature of Transcriber

2/9/13
Date

Researcher: Audra T. Winn

Audra Winn
Signature of Researcher

02/09/13
Date

Transcriber Assurance of Research Confidentiality

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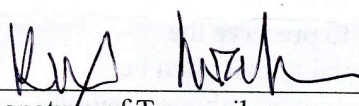
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Pledge

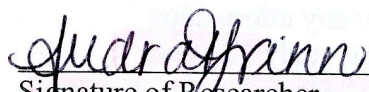
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KNOX RATH
Print Name of Transcriber


Signature of Transcriber

FEB 24, 2013
Date

Researcher: Audra T. Winn


Signature of Researcher

02/24/2013
Date

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Statement of Policy

This research study is firmly committed to the principle that the research confidentiality must be protected. This principal holds whether or not any specific guarantee of confidentiality was given by respondents at the time of the interview. When guarantees are given, they may impose additional requirements which are to be adhered to strictly.

Procedures for Maintaining Confidentiality

- All volunteer or professional transcribers for this project shall sign this assurance of confidentiality.
- A volunteer or professional transcriber shall be aware that the identity of participants in research studies is confidential information, as are identifying information about participants and individual responses to questions. Depending of the study, the organizations participating in the study, the geographical location of the study, the method of participant recruitment, the subject matter of the study, and the hypotheses being tested may also be confidential information. **Specific research findings and conclusions are also usually confidential until they have been published or presented in public.**

It is incumbent on volunteers and professional transcribers to treat information from and about research as privileged information, to be aware of what is confidential in regard to specific studies on which they work or about which they have knowledge, and to preserve the confidentiality of this information. Types of situations where confidentiality can often be compromised include conversations with friends and relatives, conversations with professional colleagues outside of the project team, conversations with reporters and the media, and in the use of consultants for computer programs and data analysis.

- Unless specifically instructed otherwise, volunteer or professional transcribers upon encountering a respondent or information pertaining to a respondent that s/he knows personally, shall not disclose any knowledge of the respondent or any information pertaining to the respondent's testimony or his participation in this study. **In other words, volunteer and professional transcribers should not reveal any information or knowledge about or pertaining to a respondent's participation in this study.**
- Data containing personal identifiers shall be kept in a locked container or a locked room when not being used each workday in routine activities. Reasonable caution shall be exercised in limiting access to data to only those persons who are working on this research study and who have been instructed in the applicable confidentiality requirements for this study.
- The researcher for this study, Audra Winn, M.S.W. Candidate, shall be responsible for ensuring that all volunteer and professional transcribers involved in the handling of data are instructed in these procedures, have signed this pledge, and comply with these

are instructed in these procedures, have signed this pledge, and comply with these procedures throughout the duration of the project. At this end of this project, Audra Winn, M.S.W. Candidate, shall arrange for proper storage or disposition of data, in accordance with U.S. federal guidelines and Human Subjects Review Committee policies at the Smith College School for Social Work.

- Audra Winn, M.S.W. Candidate must ensure that procedures are established in this study to inform each respondent of the authority for the study, the purpose and use of the study, the voluntary nature of the study and the effects on the respondents, if any, of not responding.

Pledge

I hereby certify that I have carefully read and will cooperate fully with the above procedures. I will maintain the confidentiality of confidential information from all studies with which I have involvement. **I will not discuss, disclose, disseminate, or provide access to such information, except directly to the researcher of this study, Audra Winn, M.S.W. Candidate.** I understand that violation of this pledge is sufficient grounds for disciplinary action, including termination of professional or volunteer services with this study, **and may make me subject to criminal or civil penalties.** I give my personal pledge that I shall abide by this assurance of confidentiality.

Elizabeth Dean

Print Name of Transcriber

Elizabeth Dean

Signature of Transcriber

3/9/13

Date

Researcher: Audra T. Winn

Audra Winn

Signature of Researcher

03/09/2013

Date